V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3642

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 185

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stl Marys Hospital O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5424 Bartmer Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kathryn E. Ray.
3. (b) If veteran, name war None
3. (c) Social Security No. 492-03-0731.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 1 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	3	22	..... hr. ..... min.

9. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Personnel Director (Women)
11. Industry or business Wagner Electric
FATHER
12. Name Mathias R.Ray
13. Birthplace Chester (City, town, or county) / Illinois (State or foreign country)
MOTHER
14. Maiden name Alma D. Penny
15. Birthplace Chester (City, town, or county) / Illinois (State or foreign country)
16. (a) Informant Alma D. Ray
(b) Address 5424 Bartmer Ave
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) JAN 24 1942 (Date received local registrar) (b) E G McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 rd year 1942 hour 3 2 minute P M.
21. I hereby certify that I attended the deceased from Jan. 8, 1942, to Jan 23, 1942, that I last saw her alive on Jan. 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
VIRUS PNEUMONIA.	3 weeks
Due to	
Due to 109:1	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) M.D.
Address 1194 Hodiamont Date signed 1-24-42

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1942

Dr. Orville White
II94 Hodlmont Ave
Ca. 8755 - office
Pa. 3967 res 73IO Cornell

1-5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.