

FILED APR 13 1942

State File No. 2911  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pennonard Road at City Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 0 (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME

AGNES GRAY

3. (b) If veteran, name war NO  
3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife FRANK GRAY 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased FEB 22 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 0 If less than one day hr. min.

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

MOTHER FATHER { 12. Name FRANK CURRY  
13. Birthplace IRELAND 4  
(City, town, or county) (State or foreign country)  
14. Maiden name CATHERINE MILLS  
15. Birthplace IRELAND 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret J. Steffen  
(b) Address 4116 Shenandoah av  
17. (a) BURIAL (b) Date thereof April 1 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schurr  
(b) Address 3225 Lafayette av  
19. (a) 31 1942 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 21 000  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1803 Chestnut St  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country n

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30  
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration  
Artery Sclerosis  
Due to 9:40 a  
9:40 a  
Due to 9:40 a

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 3/31/42

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

**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.

*Not Embalmed*

Signed *James B. Vollmer*  
Licensed Embalmer No. *4014*

P. O. Address *3125 La Fayette Ave*

**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.**