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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25700

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7079

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 0 21
(If outside city or town limits, write "RURAL")

(d) Street No. 1152 Leonard
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sylvester Bray

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) +1 (Day) 1942 (Year)

8. AGE: Years | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace ST Louis (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name SYLVESTER BRAY
13. Birthplace LITTLE ROCK (City, town, or county) ARK 1 (State or foreign country)

MOTHER
14. Maiden name MAXINE COLEMAN
15. Birthplace ST. LOUIS (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Sylvester Bray
(b) Address 3121 Washington ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director C W Roberts
(b) Address 3035 Lucas ave

19. (a) AUG 24 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22, year 1942 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from August 20, 1942 to August 22, 1942 that I last saw him alive on August 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxic Diarrhea	3 weeks
Acidosis	
Due to	
Due to	
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 S. R. Barrett (M. D. or other)
Address 2601 Whittier Date signed 8/24/42

(Licensed Embalmer's Statement on Reverse Side)

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 Not embalmed Registered Apprentice No. ....., working under my personal supervision.

Signed C. W. Roberts

Licensed Embalmer No. .....

P. O. Address 3035 Lucas 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.