S. No. 2
M—5-42
. 5-17-39
I X32873
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1942

Registration District No. 791

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25868

Registrar's No. 6760

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Days (Specify whether years, months or days)

In this community 38yrs.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 11 No. Sixth St.,
(If rural, give location)

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

If yes, name country -- O

3. (a) PRINT FULL NAME John Gray

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased July 20, 1865 (Month) (Day) (Year)

8. AGE: Years 77 | Months | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Mass. / (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER

12. Name Peter Gray

13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

14. Maiden name Angelica Terro

15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Ann P. Morrison

(b) Address St. Louis City Hospital.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Carlton & Kelly

(b) Address 1416 N. Taylor ave.

19. (a) AUG 11 1942 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

444

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6, year 1942 hour 6:00 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 13, 1942, to August 6, 1942; that I last saw him alive on August 6, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of stomach	
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 O

23. Signature G. L. Campbell (M. D. or other)

Address 1515 Lafayette Date signed 8/7/42

(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.....

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

working under my personal supervision.

Signed.....Harry E. Jolley

Licensed Embalmer No.....4078

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.