

S. No. 2
M-542
v. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35420

State File No. _____

FILED NOV 16 1942

Registrar's No. 9277

Registration District No. 318

Primary Registration District No. 100

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

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:
5763 Lindell, Blvd., /
(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 _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5763 Lindell, Blvd.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David L. Grey.

MEDICAL CERTIFICATION

3. (b) If veteran, name war none
3. (c) Social Security No. 499-05-6715

20. DATE OF DEATH: Month Nov. day 5th
year 1942 hour 1:15 minute PM M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from Nov 4, 1942
to Nov 5, 1942
that I last saw him alive on November 5
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Wilhelmina I. C. Grey.
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 22nd 1875
(Month) (Day) (Year)

Immediate cause of death Orchid pneumonia
Duration 2 days

8. AGE: Years <u>67</u>	Months <u>3</u>	Days <u>13</u>	If less than one day hr. _____ min. _____
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Due to Mediastinal Tumor - Malignant? Arteriosclerosis, General Duration Several Months

9. Birthplace Edinburgh, Scotland
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Certified Public Accountant

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

MOTHER FATHER

12. Name John Edw Grey.

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

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

14. Maiden name Lydia Gavin.

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

16. (a) Informant Mrs. Wilemina Grey.

(b) Address 5763 Lindell, Blvd.,

17. (a) Cremation (b) Date thereof Nov. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar, Blvd.,

19. (a) NOV 6 1942 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

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 Karstomont (M. D. or other) MD
Address 3720 Washington Date signed 11/6/42

FEB 10 1943

Dr. Karl F. Koentg.
3720 Washington, Blvd.,
JE-3477
1:30 to 3 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.....

Bradford A. Miles

Licensed Embalmer No.....

2901

P. O. Address.....

University City - N

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.