

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1002

1674

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:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME DALE FLORENCE GRAYSON.

3. (b) If veteran, name war.....
3. (c) Social Security No. None

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 January 10, 1943.
(Month) (Day) (Year)

8. AGE: Years Months Days 9 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Virgil Grayson.
13. Birthplace Newbury, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Francis McCallister.
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Virgil Grayson.

(b) Address 5962 Kennerly Ave.

17. (a) Burial (b) Date thereof 2-20-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 Easton Ave.

19. (a) J. J. Bredeck (b) J. J. Bredeck
(Date received local registry) (Registrar's signature)

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. 5962 Kennerly Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th.
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 25
19 43 to Feb 18 19 43
that I last saw her alive on Feb 18 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchio pneumonia, lung abscess + emphysema - 70% tubercular
also pylorus
Sclerosis - congenital
Due to.....
Other conditions (Include pregnancy within 3 months of death) 10/7

Duration

PHYSICIAN

Major findings: Operated for pylorus stenosis Jan 30
(Of autopsy Same as above)
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 Lo. H. Kellner (M. D. or other)
Address 3121 77 grand Date signed 2/19/43

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

Dr. C.H.Kilker.
3121 N Grand Ave.
2 to 4 P.M.
Franklin 1244.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.