S. No. 2
M—9-4-41
S-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15380

FILED MAY 7 1943

Local Registration District No. 7 Primary Registration District No. 6076 Registrar's No. 1040

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. 11/12/42 (Specify whether years, months or days) In this community: unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 12

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

(d) Street No.: 4812 Rhodes Street. (If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: George E. Gray

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: 104-05-2979

4. Sex: male

5. Color or race: White

6. (a) Single, widowed, divorced: Married

6. (b) Name of ~~husband or~~ wife: Freda

6. (c) Age of ~~husband or~~ wife if alive: 43 years

7. Birth date of deceased: July (Month) 24, (Day) 1893 (Year)

8. AGE: Years 49 Months 9 Days 5 If less than one day: hr. min.

9. Birthplace: Loda (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Sales Representative

11. Industry or business: -

FATHER 12. Name: Daniel E. Gray

FATHER 13. Birthplace: (City, town, or county) Illinois (State or foreign country)

MOTHER 14. Maiden name: Fannie Shelton

MOTHER 15. Birthplace: (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: M. Schulig

(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation: New St. Marcus Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address: 4228 So. Kingshighway Blvd.

19. (a) MAY 3 - 1943 (Date received local registrar) (b) E. G. McGavin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th, year 1943 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from November 12, 1942 to April 29, 1943 that I last saw him alive on April 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.	Unknown
Due to: -	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings: Of operations: No operation performed.

Of autopsy: Autopsy not granted.

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): no

(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: L. M. COCHRAN, M.D. (M. D. or other)

Address: Chief Medical Officer Date signed: 4/29/43

(Licensed Embalmer's Statement on Reverse Side)

464
6/43
767

MAY 7 1943

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 Edwin N. McKermott

Licensed Embalmer No. 3024

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.