

SEP 3 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7688

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
St. Louis, 17/b
(c) City or town St. Louis, 9/b
(d) Street No. 3608a Bamberger (If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Catherine C. Gray

3. (b) If veteran, name war --

3. (c) Social Security No. --

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

6. (b) Name of husband or wife Arthur H. Gray 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September 26, 1893
9 (Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 29 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

George Lindner

12. Name George Lindner 13. Birthplace Illinois

14. Maiden name Eva Oppermann

15. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur H. Gray

(b) Address 3608a Bamberger

17. (a) Burial (b) Date thereof 8 28 43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Stackler-Heldrich and Co.

(b) Address 3634 Gravois Ave.

19. (a) AUG 21 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1943 hour 7 minute 29 P. M.

21. I hereby certify that I attended the deceased from July 2, 1943 to Aug. 25, 1943
that I last saw her alive on Aug. 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis 3 mos.

Due to carcinoma of gall bladder(?)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations abdominal carcinomatosis
Of autopsy same

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)
Means of injury _____
23. Signature Paul Lowenstein M.D. or other
Address University Club Bldg. Date signed 8/26/43

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

MOTHER - FATHER

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

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..... *Francis J. England*.....

Licensed Embalmer No. *2645*.....

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.