S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33454

FILED OCT 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8863

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 712 (If outside city or town limits, write "RURAL")

(d) Street No. 712 Belt Avenue (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amelia Beatrice Ray

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 Widow

6. (b) Name of husband or wife Dr. L. W. Ray

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

7. Birth date of deceased 12 (Month) 2 (Day) 1876 (Year)

8. AGE: Years 66 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Greenville (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Patrick Harrington
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Sarah Elizabeth Avery
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Carolyn Birkholz

(b) Address 712 Belt Avenue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-9-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) OCT 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 7 year 1943 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from AUGUST 30, 1943 to OCTOBER 7, 1943; that I last saw her alive on OCTOBER 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage into G.I. tract

Due to Sarcoma involving gastric wall

Due to Reticulum cell sarcoma Primary - Stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Reticulum cell sarcoma involving stomach, intestines, mediastinum & nodes.

Duration

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

23. Signature M. C. Abney (M. D. ~~or other~~)

Address BARNES HOSPITAL Date signed 10/7/43

844

(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 Jos. E McCullob

Licensed Embalmer No. 2460

P. O. Address 6120 Delmar

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.