

FILED NOV 1 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9326

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5167 Waterman Ave 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 50 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5167 Waterman
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Eleanor C. Ray

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife George J. Ray
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Oct 17 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 2
 If less than one day hr. min.

9. Birthplace Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired School teacher

11. Industry or business

MOTHER FATHER
 12. Name William Cameron
 13. Birthplace Ill 1
(City, town, or county) (State or foreign country)
 14. Maiden name unk
 15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Chauvy

(b) Address 815 Mercedes Clayton

17. (a) Burial (b) Date thereof 10 23 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Guy Mullen

(b) Address 5041 Delmar Blvd

19. (a) OCT 23 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th
 year 1943 hour 1:00 minute AM
 21. I hereby certify that I attended the deceased from Oct 11 1943
 that I last saw her alive on Oct 11 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis, possibly coronary occlusion, febrile
 Due to Hypertension

Other conditions Stroke 1 yr ago
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 93
 Of autopsy 93

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?

While at work? (Specify type of place) (e) Means of injury
 23. Signature A. C. Campbell (M. D. or other) MD
 Address 5427 Delmar Date signed 10-21-43

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

