

FILED MAY 25 1944
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 25 years (Specify whether years, months or days)

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. 1233 N. Garrison
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Ellen Grayson

3. (b) If veteran, name war... No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Jonas Grayson 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased Unavailable (Month) (Day) (Year) abt. 1874

8. AGE: Years Months Days If less than one day
About 70 -- -- hr. min.

9. Birthplace Mobile Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Nil

12. Name Unavailable Slade

13. Birthplace Unavailable Alabama (City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Bradshaw

(b) Address 4340 Labadie

17. (a) Burial (b) Date thereof 5-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) MAY 16 1944 (b) A. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13, year 1944 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 11, 1944, to May 13, 1944, that I last saw her alive on May 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular disease with decompensation Duration Unk.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Alva Moore (M. D. optional)

Address 2601 N. Whittier Date signed 5/16/44

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

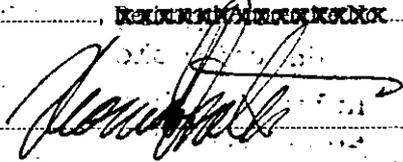
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~XXXX~~

Thomas J. Gates

~~XXXXXXXXXXXXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

Signed.....



Licensed Embalmer No. **4259**

P.O. Address **4107 Finney Ave.**

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.