DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 20163

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5998

**1. PLACE OF DEATH:**

(a) County

(b) City or town Saint 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 weeks (Specify whether
In this community Life 0
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4342 a Finney Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --- 0

3. (a) PRINT FULL NAME WILLIS RAY

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

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Ella Ray

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

7. Birth date of deceased October (Month) 11 (Day) 1880 (Year)

8. AGE: Years 63 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Saint Louis, (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation House man

11. Industry or business Private family

FATHER
12. Name Richard Ray
13. Birthplace Unavailable (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Maggie Stevens
15. Birthplace Unavailable (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Rosalee McAdoo
(b) Address 4342 a Finney Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) JUN 2 (Date received local registrar) (b) 1944 J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 1st year 1944 hour 2: minute 15 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Meningo-Encephalitis

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

23. Signature Dr Alfred J Perry Dep Coroner (M. D. or other)
Address 1300 Clark Avenue Date signed 6/2/44

(Licensed Embalmer's Statement on Reverse Side)

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

## 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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

**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.**