

FILED DEC 21 1945

Registration District No. 31845 Primary Registration District No. 1003 Registrar's No. 10769

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Johns Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. St. Louis
(b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5111 Raymond
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marion Sims Bray

3. (b) If veteran, name war World War I 3. (c) Social Security No. 488-05-6548

Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline E. Bray 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March 25 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Steam fitter

11. Industry or business _____

12. Name Douglas Bray

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

14. Maiden name Reeder

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

16. (a) Informant Pauline E. Bray

(b) Address 5111 Raymond

17. (a) Buried (b) Date thereof 12-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Nat. of Clem

18. (a) Signature of informant Blade T. Smith

(b) Address 1223 Union Blvd.

19. (a) DEC 10 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1945 hour 8:20 minute 9 A. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to Hypertension

Other conditions 87
(Include pregnancy within 3 months of death)

Major findings: Sympactomy
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) (e) Means of injury _____

23. Signature W. J. Gallagher (M. D. or other) M.D.
Address 634 Date signed 12-9-45

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

MOTHER FATHER

JUL 10 1958

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..... *John Agonowski*

Licensed Embalmer No. *3398*

P. O. Address.....

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.