V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39212

FILED JAN 11 1946

Registration District No. 3101 Primary Registration District No. 1003 Registrar's No. 11382

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(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 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEATH:
(a) State Missouri (b) County 17
(c) City or town St. St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2226 a Hickory
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES Gray
3. (b) If veteran, name war
3. (c) Social Security No. 438-28-8123
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vernita Gray
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Dec. (Month) 29 (Day) 1885 (Year)
8. AGE: Years 59 Months 11 Days 24 If less than one day hr. min.
9. Birthplace Texas (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Reese Gray
13. Birthplace Texas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Robinson
15. Birthplace Texas (City, town, or county) (State or foreign country)
16. (a) Informant Vernita Gray
(b) Address Same
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Boyd Bros
(b) Address 3704 Finney ave
19. (a) DEC 26 1945 (Date received local registrar) (b) J. R. Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23 year 1945 hour 9 minute 45 M.
21. I hereby certify that I attended the deceased from 12-22, 1945, to 12-23, 1945; that I last saw him alive on 12-23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral Lobar Pneumonia	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 O. L. Daniels (M. D. or other)
Address 2601 N Whitner Date signed 12/26

(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 James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 3704 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.