

FILED FEB 25 1946  
Registration District No. 375

Primary Registration District No. 3063

State File No. 1

Registrar's No. 440

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether years, months or days)  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1335 North Kingsland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLAUDE BRAY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-10-3044

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

6. (b) Name of husband or wife Tonie Furry 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 30 1892  
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cuba Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Lee Bray

13. Birthplace Crawford Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Walls

15. Birthplace Crawford Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Tonie Bray - Wife

(b) Address 1335 No. Kingsland

17. (a) BURIAL (b) Date thereof 2/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA T.O.S.W. CLARK

18. (a) Signature of funeral director WES HOODMAN

(b) Address \_\_\_\_\_

19. (a) 2-21-46 (b) Ed J. Gorman  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month February day 20th  
year 1946 hour Five minute 40 A.M.

21. I hereby certify that I attended the deceased from February 9th, 1946 to February 20, 1946, that I last saw him im alive on February 20th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Left gluteal abscess Duration \_\_\_\_\_

Due to Diabetes mellitus.

Due to 610

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 1

23. Signature John J. Ferrar (M. D. or other) M.D.  
Address 601 Brentwood Date signed 2/20/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

16  
2  
3

**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.....

*Alfred J. Bredaker*

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiavont

**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.**