S. No. 2
M—2-43
5-17-39
I X35697

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

10083

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11171

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2616

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 3 days (Specify whether years, months or days)

In this community 10 years

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. 2705 Dayton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Estelle Gray

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Olgar Gray

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September (Month) 6 (Day) 1913 (Year)

8. AGE: Years 32 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Greenville (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ed. Love
13. Birthplace Greenville (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Annie ?
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Olgar Gray
(b) Address 2705 Dayton St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation Wynn, Arkansas

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) MAR 19 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17 year 1946 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar. 14, 1946, to Mar. 17, 1946; that I last saw her alive on Mar 17, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Breast with Metastasis	to
Lung	Unk
Due to	
Due to	
Other conditions None (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 Orion J. Aycock (M. D. or other)
Address 2601 N Whittier Date signed 3/18/46

(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 L Boykin

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.