

**FILED DEC 2 1946**

Registration District No. **377**

Primary Registration District No. **6076**

Registrar's No. **3440**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Overland**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Res: 8208 Albin**  
(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 **Missouri** (b) County **St. Louis**  
(c) City or town **Overland**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **8208 Albin**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **IDA LOUISE GREY.**

3. (b) If Veteran, name war **None.** 3. (c) Social Security No. **None.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **David K. Grey.** 6. (c) Age of husband or wife if alive **Dec'd.** years  
7. Birth date of deceased **April 1st, 1864.**  
(Month) (Day) (Year)

8. AGE: Years **82.** Months **7.** Days **21.** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **At Home.**

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

MOTHER FATHER

12. Name **Henry Mayer.**  
13. Birthplace **Missouri.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Josephine (Unknown).**  
15. Birthplace **Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Dewey R. McGee.**

(b) Address **8208 Albin Ave.,**

17. (a) **Interrment.** (b) Date thereof **11/25/46.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery.**

18. (a) Signature of funeral director **C. R. Lupton & Sons,**

(b) Address **#7233 Delmar Blv'd.**

19. (a) **11-23-46** (b) **Overland Mo**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **22nd.**  
year **1946.** hour **6:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct 15** 1946 to **Nov 22** 1946  
that I last saw her alive on **Nov 18** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy -**  
Duration **4 days**

Due to **Hypertension**

Due to **83**

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? \_\_\_\_\_

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

23. Signature **C. E. Sterling** (M. D. or other) **MD**  
Address **2050 North & South Rd** Date signed **22 Nov 46**

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

Dr. C. E. Sterling.  
2050 N. & S. Road.  
WT; 2624.  
Hrs:-- 3:00 P.M.

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**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 *Clarence A. Murray*

Licensed Embalmer No. *4011*

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.**