

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42428

FILED DEC 23 1946

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10946

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 month
(Specify whether
In this community _____
years, months or days)

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. 2723 a Howard
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ike Gray

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mary Ray 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased unknown 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt - 65 Rankin, Miss.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name Ned Ray

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

14. Maiden name.....
(City, town, or county) (State or foreign country)

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

16. (a) Informant Elsie Lee Butler
(b) Address 2723a Howard st

17. (a) Removal (b) Date thereof II/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burdenton Spour Cem

18. (a) Signature of funeral director Price & Walker

(b) Address 2829 Washington Blvd

19. (a) DEC 20 1946 (b) J. F. Kuebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1946 hour 4 minute 45 AM.

21. I hereby certify that I attended the deceased from
Nov. 16 1946 to Dec. 17 1946
that I last saw him alive on Dec. 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Adeno Carcinoma of Stomach with
Metastasis to Liver and Abdominal
wall

Due to.....
Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy No

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? Blythenite pit
(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.....

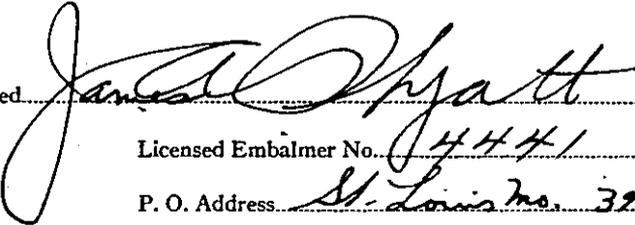
23. Signature E. B. Williams (M. D. or other).....
Address 2601 N Whittier Date signed 12/18/46

Duration
Undet.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 .....
Licensed Embalmer No. 4441
P. O. Address St. Louis Mo. 32

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.