

FILED FEB 10 1947
318

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmery 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo. 7 days.
(Specify whether _____)
In this community 23 yrs
years, months or days

3. (a) PRINT FULL NAME THOMAS GRAY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 2 5. Color or race COL. 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 20 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	11	8	hr. min.

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

10. Usual occupation Mill St. Louis

11. Industry or business Spring Co

MOTHER FATHER

12. Name Thomas GRAY

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

14. Maiden name Manda Morgan

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

16. (a) Informant Luella Boyd

(b) Address 800 Ardmore St. Ferdinand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-47
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director S. J. Watson

(b) Address 2769 Chouteau Ave

19. (a) JAN 29 1947 (b) _____ (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11/7
(d) Street No. 4046 St. Ferdinand (If rural, give location) 90
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28, year 1947 hour 11:00 minute A/M

21. I hereby certify that I attended the deceased from Nov. 21, 1946, to January 28, 1947, that I last saw him alive on January 28, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro Vascular Accident 3 Hr. Duration

Due to Organic Brain Disease 1944 Plus.

Due to _____

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) Means of injury _____

23. Signature Palmer Rousseau Bowditch (M. D. or other) _____

Address City Infirmery Date signed 1-28-47

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.....

P. O. Address.....

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.