

FILED DEC 6 1947

318

Registration District No. _____

Primary Registration District No. _____

100

Registrar's No. _____

10562

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 S. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 210 South Jefferswell ave
22 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Gray

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

4. Sex M 2) 5. Color or race C 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Feb 12 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business _____

MOTHER FATHER

12. Name Wm ?

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

14. Maiden name Wm

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

16. (a) Informant Therese M. Ross

(b) Address 4472 Cook Ave Apt 13

17. (a) burial (b) Date thereof 11-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. F. Bredak & son

(b) Address 3433 Beq. ave

19. (a) NOV 26 1947 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Nov
year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him _____ alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage

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) (e) Means of injury _____

23. Signature Arthur E. Bredak (M. D. or other) _____

Address _____ Date signed 11/26/47

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

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

S. J. Halsey

.....
Licensed Embalmer No. *2698*

P. O. Address. *2/69 Charter*

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.