

1/47
17-39

FILED APR 23 1948 **318**

Registration District No. Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital St. Mary's Infirmary
(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 003

(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2119 Eugenia St. 9
22 rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME William Gray

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day April
year 1948 hour 12:00 minute 2 M.

21. I hereby certify that I attended the deceased from Mar. 3, 1948
to Mar. 23, 1948, 19April 13 to April 14, 1948
that I last saw him alive on April 14, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race Negro

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased April 3, 1948
(Month) (Day) (Year)

Immediate cause of death.....

Bronchopneumonia 2 days

Due to Cachexia 1 week

Due to Malnutrition 2 weeks

Other conditions.....
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

0 0 11 hr. min.

9. Birthplace St. Mary's Infirmary St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

PHYSICIAN

Major findings:
Of operations.....

Of autops: Same as above

Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Willie Ward

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

14. Maiden name Sadie Gray

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

16. (a) Informant Sadie Gray

(b) Address 2119 Eugenia St.

17. (a) Burial (b) Date thereof 4-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Fun. H.C.M.E

(b) Address 2820 S. Toddard St.

19. (a) APR 15 1948 (b) J. F. Breneck
(Date received local registration) (Registrar's signature)

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 E. Lee (M. D. or other) MD
Address 1536 Papin St Date signed 4/14/48

WRITE PLAINLY—USING 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.....

Fulton E. Culkin

Licensed Embalmer No. *4198*

P. O. Address *St. Louis 13. 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.