S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

942

State File No. 14910

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 14910

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

1. PLACE OF DEATH:
(a) County ST.LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: # 648 VASSAR
(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 96
(c) City or town UNIVERSITY CITY 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 7816 BLACKBERRY LANE
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME IDA GRAY HARDY.
3. (b) If veteran, name war NO
3. (c) Social Security No. 114 - 09 - 4664
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PHILIP C. HARDY.
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased NOVEMBER (Month) 20 (Day) 1903 (Year)

8. AGE:	Years	Months	Days	If less than one day
	44	4	21	..... hr. ..... min.

9. Birthplace TWO RIVERS, (City, town, or county) WISCONSIN. (State or foreign country)
10. Usual occupation BUYER;
11. Industry or business STIX-BAER & FULLER CO.
FATHER
12. Name JOHN C. GRAY.
13. Birthplace unknown (City, town, or county) NEW YORK. (State or foreign country)
MOTHER
14. Maiden name IDA FLYNN.
15. Birthplace unknown (City, town, or county) WISCONSIN. (State or foreign country)
16. (a) Informant MR.PHILIP C. HARDY.
(b) Address 7816 BLACKBERRY LANE.
17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 4/13/48. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.
18. (a) Signature of funeral director C.R.LUPTON & SONS.
(b) Address 7233 DELMAR BLVD.
19. (a) 4-13-48 (Date received local registrar) (b) Cecil J Shoup MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11 year 1948 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from April 9, 1948 to April 11, 1948, that I last saw her alive on April 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic cancer to Brain	
Due to	
Due to Carcinoma of Colon	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 3 yrs ago Ca Colon; 6 mo " Ca of Brain	
Of autopsy	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Robert Elmore (M. D. ~~or other~~)
Address 602 S Kingshighway Date signed 4/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

634 N.Grand JE-1676
600 S.Kingshighway FO-6400
(Res;4456 Maryland FR-4456)

Want Gen
at Washington Med. School
Ocean Grain Business Hosp
2nd Fl.
Around Barnes Hosp.
most of Day.

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 H. 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.