

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17605  
Registrar's No. 5091

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(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:  
St. Louis City Hospital-Max E. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1812a Ohio Avenue  
Memorial 23 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME NOAH GRAY  
3. (b) If veteran, name war NIL 3. (c) Social Security No. 490-61-0211

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Gertie 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased April 28, 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>1</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Callaway County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business Clothing (retired)

12. Name James Gray

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

14. Maiden name Eliza Roach (State or foreign country)

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

16. (a) Informant Gertie Gray

(b) Address 1812a Ohio Avenue

17. (a) burial (b) Date thereof 6-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JUN 2 1948 (b) J. F. Brodeur  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1948 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 5/31/48 to June 1st, 1948  
that I last saw him alive on June 1st, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Genl. Carcinomatosis Duration \_\_\_\_\_

Due to Carcinoma Kidney (Right)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 57

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 C. A. Luer, M. D. (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette 6/2/48

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

MOTHER FATHER

**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. 3830

P. O. Address 2301 Lafayette

**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.**