

FILED NOV 6 1948

318

Primary Registration District No. 1003

State File No.

Registrar's No. 9237

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:
LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS.
In this community 20 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 820 N. 21st Street 21
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME DANNY GRAY
(b) If veteran, name war..... (c) Social Security No.....
4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced U
(b) Name of husband or wife..... (c) Age of husband or wife if alive..... years
7. Birth date of deceased: OCT. - 24 - 48
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT. day 25 year 48 hour 26 minute 45 PM.
21. I hereby certify that I attended the deceased from OCT. 24 1948, to OCT. 25 1948 that I last saw h. alive on OCT. 25 1948 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
10 hr. 33 min.

Immediate cause of death: Prematurity 6 1/2 mos. Gestat. in Twin
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: 159
Of operations.....
Of autopsy.....

9. Birthplace: ST. LOUIS MO.
(City, town, or county) (State or foreign country)
10. Usual occupation.....
11. Industry or business.....
12. Name HARRIS F. GRAY
13. Birthplace FORT DIXE ARK.
(City, town, or county) (State or foreign country)
14. Maiden name FRANKIE TRUSSLER
15. Birthplace MIAMI OKLA.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Luetha Hing
(b) Address 2646 Poto Ave
17. (a) Burial (b) Date thereof 10-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Modelt
(b) Address 1926 Allen Ave
19. (a) OCT 26 1948 (b) J. B. Lavater
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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) (c) Means of injury 0
23. Signature John G. Taylor (M. D. or other) M.D.
Address 453 N. Taylor Date signed 10-25-48

WHILE 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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Benj. L. Duncan*

Licensed Embalmer No..... *2272*

P. O. Address..... *1926 Allen G*

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.