

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3152**
977

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 6031 Waterman Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6031 Waterman Ave.,		d. STREET ADDRESS (If rural, give location) 6031 Waterman Ave.,	
3. NAME OF DECEASED a. (First) Samuel b. (Middle) G. c. (Last) Ray			4. DATE OF DEATH (Month) (Day) (Year) Feb'y 1, 1949.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1884
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer,		10b. KIND OF BUSINESS OR INDUSTRY Frisco R. R.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Prosser Ray,	
13b. MOTHER'S MAIDEN NAME Mildred Glover		14. NAME OF HUSBAND OR WIFE Josephine L. Ray,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 715-10-3142	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Samuel G. Ray,		ADDRESS 6031 Waterman.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Haemorrhage of cerebral artery			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.			
DUE TO (b) had had hypertension for 10 yrs or more			
DUE TO (c) had had angina pectoris 23 yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33ix	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10.7 , 19 39 , to 1.31 , 19 49 , that I last saw the deceased alive on Jan 31 , 19 49 , and that death occurred at Early Am. , from the causes and on the date stated above.			
23a. SIGNATURE Devin Lister (Degree or title) M.D.		23b. ADDRESS St. Louis Mo	
23c. DATE SIGNED Feb. 1-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb'y 3, 49	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. FEB 1 1949		REGISTRAR'S SIGNATURE J. B. Sasser	
25. FUNERAL DIRECTOR'S SIGNATURE Wagoner Mortuary,		ADDRESS 4161 Lindell.	

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert T. Sangster

Licensed Embalmer No. 4290

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.