

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35080
9012

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		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 91.								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON.								
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL				d. STREET ADDRESS (If rural, give location) 41 SO. SCHLUETER								
3. NAME OF DECEASED (Type or Print) a. (First) VICTOR. b. (Middle) R. c. (Last) DRAY			4. DATE OF DEATH (Month) (Day) (Year) 10/18/49									
5. SEX MALE MALE	6. COLOR OR RACE WHITE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/3/1885		9. AGE (In years, last birthday) 64	F UNDER 1 YEAR Months	F UNDER 1 YEAR Days	F UNDER 1 YEAR Hours	F UNDER 1 YEAR Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER			10b. KIND OF BUSINESS OR INDUSTRY BEAUMONT HIGH SCHOOL		11. BIRTHPLACE (State or foreign country) OHIO		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME ALONZO DRAY			13b. MOTHER'S MAIDEN NAME JULIA DART			14. NAME OF HUSBAND OR WIFE JESSIE M. DRAY						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JESSIE M DRAY 41 SO SCHLUETER AVE								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of sigmoid</i> ANTECEDENT CAUSES DUE TO (b) <i>General metastasis of liver</i> DUE TO (c) <i>acid Scurvy Spinal + Pelvic bones</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>none</i>						INTERVAL BETWEEN ONSET AND DEATH 11-1-48 3-1-49					
19a. DATE OF OPERATION 3-1-49	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of sigmoid (colostomy done)</i>						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? 15 ft X	
22. I hereby certify that I attended the deceased from 3-15-1949, to 10-18-1949, that I last saw the deceased alive on 10-18-1949, and that death occurred at 2:10 p. m., from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <i>Don Johnson M.D.</i>				23b. ADDRESS <i>Ferguson Mo</i>				23c. DATE SIGNED 10-19-49				
24a. BURIAL (CREMATION, REMOVAL) (Specify) REMOVAL		24b. DATE 10/20/49		24c. NAME OF CEMETERY OR CREMATORY RIVERSIDE CEMETERY		24d. LOCATION (City, town, or county) (State) DEFIANCE OHIO						
DATE REC'D BY LOCAL REG. OCT 20 1949		REGISTRAR'S SIGNATURE <i>J. B. Barber</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE							

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ben Hoffman

Licensed Embalmer No. *4366*

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.