

FILED JAN 28 1950

STANDARD CERTIFICATE OF DEATH

2928

State File No. 620 Registrar's No.

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 _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Missouri		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2230	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 23 1429 S 10th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) _____		c. (Last) Ray		4. DATE OF DEATH (Month) (Day) (Year) Jan 19 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 29 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 3	IF UNDER 1 HR. Days 20	IF UNDER 1 HR. Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Hungaria		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Rosa Ray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosa Ray 1429 S 10th Street			
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* 1st, 2nd, & 3rd Degree Burns of lower extremities of body suffered when deceased slipping backward ignites as a result of smoking cigarette while confined to a wheel chair at the City Infirmary at 5800 Arsenal St., on Nov 1st 1949 at about 8:30 AM. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Accident				INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Infirmary		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo 64107		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Nov 1 49 8:30 a.m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 40					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) District E Taylor Cornezz			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 1.20.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/23/50		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL JAN 20 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Myself Funeral Home 1926 Allen			

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

0110

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Sal J. Stannan

Licensed Embalmer No. 4533

P. O. Address 926 Ellen

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.