

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18013**  
**4648**

BIRTH NO. **T0530T** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4648**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO.</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ST. LOUIS CITY HOSPITAL #1</b>		d. STREET ADDRESS (If rural, give location) <b>6134 Roberts Ave. D</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUSSELL</b> b. (Middle) <b>BRAY</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY. 24 / 50</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 4, 1897</b>	9. AGE (In years last birthday) <b>52</b>	10. CITIZEN OF WHAT COUNTRY? <b>Cuba, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grain Inspector-State Grain Dep't.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cuba, Mo. 6</b>	

13a. FATHER'S NAME <b>Arthur Bray</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Stolz</b>	14. NAME OF HUSBAND OR WIFE <b>Loretta Bray</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-22-9449</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Loretta Bray 6134 Roberts Ave.</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Laennec's Cirrhosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Peritonitis Esophageal varices</b>		12. CITIZEN OF WHAT COUNTRY? <b>1 mo</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>587.1</b>

22. I hereby certify that I attended the deceased from **4/12/50**, 19**50**, to **5/24/50**, 19**50**, that I last saw the deceased alive on **49**, and that death occurred at **250P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph C. P. Bledsoe (MD)</b>	(Degree or title)	23b. ADDRESS <b>S1515 LAFAYETTE AVE.</b>	23c. DATE SIGNED <b>5/24/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 27, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG. <b>MAY 26 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Rasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Edmund A. M. Derwent*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3024*

P. O. Address \_\_\_\_\_

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.