

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18218

State File No. ....

BIRTH NO. 30549-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4133

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>St. Louis</u>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Brentwood 4511</u>  |   |
| c. LENGTH OF STAY (If this place)<br><u>14 hrs.</u>  |   | d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Deaconess Hosp.</u>  |   |
| d. STREET ADDRESS (If rural, give location)<br><u>2639 Brentwood Ln.</u>   |   | e. ADDRESS <u>Deaconess Hosp.</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>STEPHEN</u><br>b. (Middle)<br>c. (Last) <u>GRAY</u>  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>May 6th, 1950</u>   |   |
| 5. SEX<br><u>Male</u> <input type="radio"/>  | 6. COLOR OR RACE<br><u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u>   | 8. DATE OF BIRTH<br><u>May 5th, 1950</u>                                  |
| 9. AGE (In years; if under 1 year last birthday) Months Days   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis Mo.</u>         |
| 11. BIRTHPLACE (State or foreign country)  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  | 13a. FATHER'S NAME<br><u>Marlin Gray</u>   |   |
| 13a. FATHER'S NAME   | 13b. MOTHER'S MAIDEN NAME<br><u>Evelyn Cronin</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No.</u>   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Marlin Gray</u> ADDRESS<br><u>2639 High School Dr. Brentwood, Mo.</u>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u><br>INTERVAL BETWEEN ONSET AND DEATH<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>There was no birth injury</u><br>DUE TO (c) <u>or malformation involved</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>(Supp. report)</u> |   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>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) m.   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 21f. HOW DID INJURY OCCUR?<br><u>795.0</u>   |   |
| 22. I hereby certify that I attended the deceased from <u>5-5</u> , 19 <u>50</u> , to <u>5-6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-5</u> , 19 <u>50</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above. |   |  |   |
| 23a. SIGNATURE (Degree or title)<br><u>Ben A Kinsman MD</u>  |   | 23b. ADDRESS<br><u>7158 Manchester</u>   | 23c. DATE SIGNED<br><u>5-8-50</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 24b. DATE<br><u>5/8/50</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Lebanon</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co. Mo.</u> |
| DATE REC'D BY LOCAL REG.<br><u>MAY 8 1950</u>  | REGISTRAR'S SIGNATURE<br><u>J B Bassett</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Jay B. Smith 7450 Manchester Rd. Maplewood, Mo.</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.