

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21565
5325

BIRTH NO. 36901-50 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 4431 Gibson Avenue, 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4431 Gibson Avenue.			

3. NAME OF DECEASED (Type or Print)	a. (First) Linda	b. (Middle) Kay	c. (Last) Gray	4. DATE OF DEATH (Month) (Day) (Year) June 17, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH June 8 1950	9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None-Infant	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 6	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Tommy Gray	13b. MOTHER'S MAIDEN NAME Maxine Knight	14. NAME OF HUSBAND OR WIFE None
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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. Nil	17. INFORMANT'S SIGNATURE OR NAME Tommy Gray-	ADDRESS 4431 Gibson Avenue.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Gastro-intestinal infection</i>		INTERVAL BETWEEN ONSET AND DEATH 5-6 days
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 7640
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22: I hereby certify that I attended the deceased from 6-8-50, 19, to 6-17-50, 19, that I last saw the deceased alive on 6-17, 1950, and that death occurred at 5:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John H. Flynn M.D.</i>	23b. ADDRESS 1715 So 39th St St. Louis, Mo	23c. DATE SIGNED 6-17-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-19-50	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. JUN 18 1950	REGISTRAR'S SIGNATURE <i>J. C. Lasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe-	ADDRESS 4700 Washington Blvd
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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

J. Wm. Binkley

Signed.....
Student Embalmer

Licensed Embalmer No.

3653

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.