

FILED SEP 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28983

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 2086

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Valley Park</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Valley Park</b> 4761	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>332 Benton Street., 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moll Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mae</b> b. (Middle) <b>Allen</b> c. (Last) <b>Gray</b>			4. DATE OF DEATH <b>August 31, 1950</b> (Month) (Day) (Year)		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 6, 1874</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR: Months Days		IF UNDER 60 HRS: Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>William B. Allen</b>			13b. MOTHER'S MAIDEN NAME <b>Carolyn Spencer</b>			14. NAME OF HUSBAND OR WIFE <b>Herrick J. Gray</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. A. Martinez-5851 Plymouth Ave</b>		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebellar Hemorrhage</b>		DUE TO (b) <b>Arteriosclerosis</b>		DUE TO (c) <b>vascular disease</b>		<b>10da</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<b>Chr.</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>3.31X</b>	

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **June**, 1949, to **Aug 31**, 1950, that I last saw the deceased alive on **Aug 30**, 1950, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Webster</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Webster Groves Mo</b>		23c. DATE SIGNED <b>9-1-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-2-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
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DATE REC'D BY LOCAL <b>SEP 1 1950</b>		REGISTRAR'S SIGNATURE <b>Hubert L. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wagoner Mortuary-4911 Washington Blvd</b>		ADDRESS	
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(Licensed Embalmer's Signature on Reverse Side)

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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 with the above constitutes grounds for revocation of license.)

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