

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31671**
Registrar's No. **8032**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2914 Laclede Ave.		d. STREET ADDRESS (If rural, give location) 18 2914 Laclede Ave.	

3. NAME OF DECEASED a. (First) Sophia (Type or Print)			b. (Middle)			c. (Last) Gray			4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1950				
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 1, 1882		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 7 Days 18		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (State or foreign country) Nashville, Tennessee				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Adam Nelson			13b. MOTHER'S MAIDEN NAME Carrie Nelson			14. NAME OF HUSBAND OR WIFE Joseph Gray					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Addie Mae Dooley			ADDRESS 2826 Clark		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH Unknown	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H-H-X					

22. I hereby certify that I attended the deceased from **8-29, 1950**, to **9-19, 1950**, that I last saw the deceased alive on **9-19, 1950**, and that death occurred at **8:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE A.S. Smith M.D. (Degree or title)				23b. ADDRESS 110 Jefferson St. Louis				23c. DATE SIGNED 9-22-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-25-50		24c. NAME OF CEMETERY OR CREMATORY Greenwood				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			

DATE REC'D BY LOCAL REG. SEP 22 1950		REGISTRAR'S SIGNATURE J.B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE E.B. France				ADDRESS 1221 N. Grand			
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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.....
Student Embalmer

Signed Clarence Brown

Licensed Embalmer No. 4785

P. O. Address 1221 N. Brown

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.