

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

1003

34842
State File No. 8816

318

PRIMARY REG. DIST. NO.

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2289		
d. FULL NAME OF HOSPITAL OR INSTITUTION Hooper				STREET ADDRESS (If rural, give location) 10 HOME				
3. NAME OF DECEASED (Type or Print) Tendell			b. (Middle)	c. (Last) Gray		4. DATE OF DEATH (Month) (Day) (Year) 9 18 50		
5. SEX Male	6. COLOR OF RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 4/18/89		9. AGE (In years, last birthday)	57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Wk.		Wk.		Wk.		9		
13a. FATHER'S NAME Wk.		13b. MOTHER'S MAIDEN NAME Wk.		14. NAME OF HUSBAND OR WIFE Wk.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, state date of service)		16. SOCIAL SECURITY NO. Wk.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS T. E. Vayn / 1300 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, asphyxia, 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)				DUE TO (b)				
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Massive Gastro-Intestinal Hemorrhage				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Contrib. Duodenal Ulcer				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
		First Portion						
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? 544.1				
22. I hereby certify that I attended the deceased from 7:05 to 10 , 19 50 , that I last saw the deceased alive on 10 , and that death occurred at 10:00 AM, from the causes and on the date stated above.								
23a. SIGNATURE Joseph M. Quinn, M.D.				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/7/50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6 OCT 18 1950		24c. NAME OF CEMETERY OR CREMATORY Anatomical Bldg		24d. LOCATION (City, town, or county) (State) St. Louis, 10, Mo.		
DATE REC'D BY LOCAL REG. OCT 18 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. Funeral Home or Service Address 4104 Manchester Ave. St. Louis, 10, Mo.				

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

559
0

8186

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 _____

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *472*

P. O. Address *St. Louis*

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.