No. 300
10.48

XC 2 FILED NOV 10 1950
Reg. 82806

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35729

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2563

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (In this place): 262 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAST ST. LOUIS 8120
d. STREET ADDRESS (If rural, give location): 1524a Gaty Ave. 8

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): B.
c. (Last): GRAY

4. DATE OF DEATH (Month) (Day) (Year): 10/22/50

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/21/98
9. AGE (In years last birthday): 52 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): East St. Louis, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Gray
13b. MOTHER'S MAIDEN NAME: Mary Broderick
14. NAME OF HUSBAND OR WIFE: Madeline Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World I
16. SOCIAL SECURITY NO.: 332200197
17. INFORMANT'S SIGNATURE OR NAME: V. A. HOSPITAL RECORDS
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroid Carcinoma of Kidney with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 7 yr.9mo

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. 180X

19a. DATE OF OPERATION: 1/43
19b. MAJOR FINDINGS OF OPERATION: Nephrectomy performed for tumor of kidney 180X
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/3, 19 50, *to* 10/22, 19 50, ~~and that I last saw the deceased alive on the date stated above~~, *and that death occurred at* 7:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Mann D. Orahood (Degree or title): M.D.
23b. ADDRESS: V.A.HOSP. JEFF. BRKS. MO.
23c. DATE SIGNED: 10/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-25-50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel
24d. LOCATION (City, town, or county) (State): Belleville, Ill.

DATE REC'D BY LOCAL REG.: OCT 23 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Nell Walsh Barnes
ADDRESS: East St Louis

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 1959

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 Philip Ogden

Signed.....
Student Embalmer

Licensed Embalmer No. 7091

P. O. Address East St Louis, S

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.