

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11180

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 812

1. PLACE OF DEATH
a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANCHESTER MO

c. LENGTH OF STAY (In this place) 1-MO.

d. FULL NAME OF HOSPITAL OR INSTITUTION MANCHESTER NURSING H

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4587

d. STREET ADDRESS (If rural, give location) 456 BELLEVUE AVE

3. NAME OF DECEASED
a. (First) LLEWELLYN b. (Middle) ALLIE c. (Last) WRAY

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
MAR-27-1951

5. SEX M.

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH MAY-3-1866

9. AGE (In years last birthday) 84

IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FREIGHT-AGENT

10b. KIND OF BUSINESS OR INDUSTRY
RAILROAD

11. BIRTHPLACE (State or foreign country)
WENTZVILLE MO

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
JOHN WESLEY WRAY

13b. MOTHER'S MAIDEN NAME
MARY BOND

14. NAME OF HUSBAND OR WIFE
CLARA WRAY

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.
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17. INFORMANT'S SIGNATURE OR NAME ADDRESS
CLARA WRAY 456 BELLEVUE

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) Chr Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Genl arteriosclerosis
DUE TO (c) Fibrillation

III. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
422.1

20. AUTOPSY?
YES NO

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)

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 2-26, 1951, to 3-27, 1951, that I last saw the deceased alive on: 3-26, 1951, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Olt Benny md

23b. ADDRESS
Creve Coeur, Mo

23c. DATE SIGNED
3-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
MAR-29-1951

24c. NAME OF CEMETERY OR CREMATORY
BELLEFONTAINE

24d. LOCATION (City, town, or county) (State)
ST. LOUIS MO

DATE REC'D BY LOCAL REG.
3/28/51

REGISTRAR'S SIGNATURE
Hubert R. Tombs md

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Edw. J. Aldrich Funeral Home Webster Groves Mo

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

STATEMENT BY LICENSED EMBALMER

*dated August 10, 1949
at Washington, D.C.*

John A. ...

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Agater Grove*

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.