

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28277
7121

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis					
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 Glendale 4651					
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 114 Trevilian ✓					
3. NAME OF DECEASED a. (First) JOHN			b. (Middle) GRAY		c. (Last) GRAY				
4. DATE OF DEATH Aug. 9, 1951			5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		
8. DATE OF BIRTH July 18, 1947		9. AGE (In years last birthday) 4		10. MONTH 0		11. YEAR 22		12. HOURS 0	
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) St. Louis, Mo. 0			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME SAMUEL H. GRAY			13b. MOTHER'S MAIDEN NAME Thelma Simenson			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. T. Simenson-114 Trevilian				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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic glomerulonephritis 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 4 days 8 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 592X					
22. I hereby certify that I attended the deceased from Jan, 1948 to Aug. 8, 1951, that I last saw the deceased alive on Aug. 2, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Max Bruckert MD (Degree or title)				23b. ADDRESS 634 N. Grand			23c. DATE SIGNED 8/10/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 8/11/51		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.			
DATE REC'D BY LOCAL REG. AUG 10 1951		REGISTRAR'S SIGNATURE Earl Smith M.D.			FUNERAL DIRECTOR'S SIGNATURE ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

Robert B. Dubois

Signed.....
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond, Ky*

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.