

**FILED** AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30333

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2144

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
c. LENGTH OF STAY (in this place) <u>23 Yrs</u>		4597	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 N Gore Ave</u>		d. STREET ADDRESS (If rural, give location) <u>319 N Gore Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Bray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 52</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>10-24-1879</u>			9. AGE (In years last birthday) <u>72</u>		10. NUMBER OF MONTHS <u>1</u> YEAR <u>12</u> HOURS <u>52</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) <u>Murray Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jerome C Denton</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Van Cleve</u>		14. NAME OF HUSBAND OR WIFE <u>Adrian O Bray 319N Gore</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.O. Bray 319 N Gore Ave</u>	

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 (wide spread) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach with wide spread metastases</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 Yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) -----			15 IX

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR		

22. I hereby certify that I attended the deceased from Oct. 1951-19, to 8/11, 19 52, that I last saw the deceased alive on 8/13/52, 19 52 and that death occurred at 4:30A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Barker Mueller M.D.</u> (Degree or title)		23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>8/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-13-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
24d. LOCATION (City, town, or county) (State) <u>Campbell Mo.</u>					

DATE REC'D BY LOCAL REG. <u>8-13-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb...</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Walter Groves mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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 *Bernard J. Johnson*

Licensed Embalmer No. *4366*

P. O. Address *W. Hill, Md.*

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.