

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

26401

State File No. ....

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6065**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1443 Francis</b>	<b>2219</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) c. (Last) <b>Gray</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1953</b>
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5. SEX <b>3 FEMALE</b>	6. COLOR OR RACE. <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>JAN. 7 1910</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>43 3</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Paris Tenn</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Van McGee</b>	13b. MOTHER'S MAIDEN NAME <b>Harriet Kindel</b>	14. NAME OF HUSBAND OR WIFE <b>Zebede Gray</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Zebede Gray</b>	ADDRESS <b>1443 Francis</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Postoperative Carcinoma of left Breast with Metastasis to Lung</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b> DUE TO (c) <b>None</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>170X</b>
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22. I hereby certify that I attended the deceased from **6-8**, 19**53**, to **6-12**, 19**53**, that I last saw the deceased die on **6-12**, 19**53**, and that death occurred at **11:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl Belle Smith M. D.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>6-15-53</b>
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24a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>	24b. DATE <b>Fri June 19</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Co.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 17 1953</b>	REGISTRAR'S SIGNATURE <b>Carl Belle Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed France</b>	ADDRESS <b>1221 Nevada</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed Terence Cross.....

Licensed Embalmer No. 175.....

P. O. Address 1221 N 9th.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.