

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7596

1. PLACE OF DEATH a. COUNTY <u>ST. Louis, Mo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>8120</u>		
b. CITY OR TOWN <u>ST. Louis, Mo</u>		c. LENGTH OF STAY (in this place) <u>11 Mos 25</u>	c. CITY OR TOWN <u>E. ST. Louis</u>		8
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. Louis Children's</u>			d. STREET ADDRESS (If rural, give location) <u>507 GARRISON RT. #3</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEROLD</u>		b. (Middle) <u>LEE</u>	c. (Last) <u>BRAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 2 53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>7-29-53</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>5</u> IF UNDER 12 HRS. Hours <u>5</u> Min.
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) <u>E. ST. Louis, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ANDREW C. BRAY</u>		13b. MOTHER'S MAIDEN NAME <u>VERNA BOURISAW</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>J. EGAN</u> ADDRESS <u>500 So. Kings Highway</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>tracheo. empygeal fistula</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES Morbidity 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 <u>Intracranial Hemorrhage</u> 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 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) <u>756.2</u>		
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?		

22. I hereby certify that I attended the deceased from 8-1, 1953 to 8-2, 1953 that I last saw the deceased alive on 8-2, 1953, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Am L Shustrom MD</u> (Degree or title)		23b. ADDRESS <u>Childrens Hospital</u>	23c. DATE SIGNED <u>8-4-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill.</u>

DATE REC'D BY LOCAL REG. <u>AUG 4 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Kowalski</u> ADDRESS <u>401 N. 9th St. St. Louis</u>
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(Licensed Embalmer, 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.....

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Joseph Kassey*
Licensed Embalmer No. *7541 - Se*

P. O. Address.....

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.