

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14117

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 769

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS COUNTY</u> (administration). c. CITY OR TOWN <u>WEBSTER GROVES</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>CLAYTON MO</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>129 ALMENTOR</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) DORA b. (Middle) _____ c. (Last) GRAY

4. DATE OF DEATH (Month) (Day) (Year) April 2 1955

5. SEX FEMALE 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH Nov 4 1904 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if special) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE 11. BIRTHPLACE (City and State or Foreign Country) ARKADELPHIA ARKANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ABE DURLEY 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE BOOKER GRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Booker Gray 129 Almentor Pl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN NATURAL CAUSES
ANTECEDENT CAUSES Coronary occlusion
DUE TO (b) hypertensive
cardio vascular disease
DUE TO (c) _____
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 hr
2 yrs +

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4201 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke (Degree or title) M.D. Local Registrar 23b. ADDRESS 651 S. Brentwood Blvd. 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE April 7, 1955 24c. NAME OF CEMETERY OR CREMATORY Father Jackson 24d. LOCATION (City, town, or county) (State) Lappington Mo

DATE REC'D BY LOCAL REG. 4/4/55 REGISTRAR'S SIGNATURE Herbert R. Domke FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glennard J. Vandell 138 Eldridge

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.....
Signature of Student Embalmer

Signed *Richard J. Gardner*.....

Licensed Embalmer No. *424*.....

P. O. Address *30 Eldredge St. Boston, Mass.*.....

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.