

300
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FILED JAN 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. **41860**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11172**

BIRTH NO. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). b. STATE Missouri c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes # 21390 No <input type="checkbox"/>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 7 yrs.		e. STREET ADDRESS (If rural, give location) 13 5400 Arsenal Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) (Mattie) c. (Last) Bray			4. DATE OF DEATH (Month) (Day) (Year) 12 19 55		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 10-4-73		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR: Hours <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 1 HR.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME August Bennett		13b. MOTHER'S MAIDEN NAME Martha Lynn		14. NAME OF HUSBAND OR WIFE George H. Bray (Dec'd)	
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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) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles B. Bray, Ferguson, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 9-29-49 plus
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility			
		ANTECEDENT CAUSES			
		Morbid 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			
		Conditions contributing to the death but not related to the disease or condition causing death. Psychosis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 304x			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)	
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	

22. I hereby certify that I attended the deceased from **9 - 29, 1949**, to **12-19-**, 1955, that I last saw the deceased alive on **12-19**, 1955, and that death occurred at **10:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Anthony K. Busch (Degree or title) <i>Anthony K. Busch, M.D.</i>		23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 19-20-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-22/55		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. DEC 21 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.	
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(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.....
Signature of Student Embalmer

Signed..... *Eleanore*

Licensed Embalmer No. *34*

P. O. Address..... *Juniper*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.