

0.300  
0.48

XC-16 210 657  
Reg. 13774 FIELD MAY 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

318

1003

3997

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 93 days	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			e. STREET ADDRESS (If rural, give location) 16 3450 GRACE 216 90		
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) L. c. (Last) GRAY			4. DATE OF DEATH (Month) (Day) (Year) 4-20-56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-8-01	9. AGE (in years last birthday) 54	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William E. Gray	13b. MOTHER'S MAIDEN NAME Bertha Seago	14. NAME OF HUSBAND OR WIFE Flora Gray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes WW-2		16. SOCIAL SECURITY NO. 488 01 3544	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cor Pulmonale			DUE TO (b) Chronic Bronchitis and			5 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) Pulmonary Emphysema			14 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Arteriosclerotic Heart Disease Cardiac Cirrhosis			14 yrs.
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) (Minute) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5020		

22. I hereby certify that I attended the deceased from 1-18-56, 19\_\_\_\_, to 4-20-56, 19\_\_\_\_, that observed the death, and that death occurred at 2:30p m., from the causes and on the date stated above.

23a. SIGNATURE Carl H. Calman (Degree or title) M.D.		23b. ADDRESS VA Hosp. 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 4-20-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/23/56	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.	
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE Edward Febdler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5611 South Grand Blvd.

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 *Ben [Signature]*.....  
Licensed Embalmer No.....

P. O. Address *[Signature]*.....

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.