

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019730
STATE FILE NUMBER

FILED MAY 26 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5174

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK-INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis 81208 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 6	d. STREET ADDRESS (If outside, give location) 1641 Wilford Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JENNIE MAE GRAY			4. DATE OF DEATH Month Day Year MAY 13, 1958
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1913
9. AGE (In years last birthday) 44	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 44
11. BIRTHPLACE (City and state or country) West Point, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jim Clay		13b. MOTHER'S MAIDEN NAME Omelia Oates	14. NAME OF HUSBAND OR WIFE Will Gray
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. Unknown	INFORMANT Annie L. Gray Address 1641 Wilford E. St. Louis, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INFARCTION OF RIGHT CEREBRAL HEMISPHERE</u>			INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>			4 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <u>443 x</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>APRIL 19, 1958</u> to <u>MAY 13, 1958</u> and last saw ^{her} _{him} alive on <u>MAY 13, 1958</u> Death occurred at <u>9:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. P. Hamilton, M.D.</i> (Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 5/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/14/58	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois
24. FUNERAL DIRECTOR <i>Marion Officer</i> ADDRESS 2114 Missouri Ave. E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. MAY 16 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> A.M.

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 *Hanna Trostloff*

Licensed Embalmer No. *4356*
P. O. Address *St Louis Mo*

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.