URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 28 1959

59–033438

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 220

NDED

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. CHARLES — Length of stay in 1b: 7 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOSEPHS HOSP — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. CHARLES
c. CITY OR TOWN: ST. CHARLES — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 152 SO. THIRD STR — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CECIL Middle PIERRE Last GRAY
4. DATE OF DEATH: Month SEPT Day 14 Year 1959
5. SEX: M
6. COLOR OR RACE: CAUCASIAN
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: OCT. 8 1900
9. AGE (last birthday): 58 — IF UNDER 1 YEAR: Months 11 Days 6 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AIR TRAFFIC CONTROL SPEC
10b. KIND OF BUSINESS OR INDUSTRY: FED. AVIATION CORP
11. BIRTHPLACE (City and state or country): PRAIRIE CITY IOWA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CHARLES GRAY
13b. MOTHER'S MAIDEN NAME: LILLIE H. PAINTER
14. NAME OF HUSBAND OR WIFE: ISABELLE McCARTHY GRAY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 486-26-7881
17. INFORMANT: ISABELLE GRAY Address: ST. CHARLES, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral atherosclerosis.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Myocardial infarction
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 19, 1954 to Sept 14, 1959 and last saw him alive on Sept. 14, 1959
Death occurred at 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Eugene J. Conty M.D. (Degree or title)
22b. ADDRESS: St. Charles Mo
22c. DATE SIGNED: Jan 16, 1959

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: SEPT. 18 '59
23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CREMATORY
23d. LOCATION (City, town, or county) (State): ST. LOUIS 14 MO.

24. FUNERAL DIRECTOR: C.L. PRINSTER ADDRESS: ST. CHARLES, MO
25. DATE REC'D BY LOCAL REG.: Sept 18-59
26. REGISTRAR'S SIGNATURE: Marcella Wilson

PRINSTER-HUGHES F.H. INC. (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

SEP 28 1959

MS OCT 13 1959

MAY 4 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harvard O Kessler

Signature of Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Wentzville,

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