

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027570

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1977

FILED JUL 19 1961

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bissell Hills</u>		Length of stay in 1b <u>15 yr</u>	c. CITY OR TOWN <u>Bassell Hills</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10440 Ashbrook</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10440 Ashbrook</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William McKinley Bray</u>			4. DATE OF DEATH Month Day Year <u>July 14 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 12 1896</u>
9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Buyer for Meyer Bro. Drug Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchandising</u>	11. BIRTHPLACE (City and state or country) <u>Troy MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Bray</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Bray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		17. INFORMANT Address <u>Helen Bray 10440 Ashbrook Bissell Hills St Louis Mo</u>	
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>Caecum Arteries</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
DUE TO (b) <u>mitral stenosis - cardiomegaly</u>			<u>5 yrs</u>
DUE TO (c) <u>Hypertension - cirrhosis of liver</u>			<u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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>1955</u> to <u>7/14/61</u> and last saw ^{her} him alive on <u>7/19/61</u> Death occurred at <u>12:30 am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Ferrara MD</u>		22b. ADDRESS <u>Northland Med Bldg.</u>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>July 16 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>D.W. McCoy Troy Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-15-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1981 6 1 707

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 D. D. McEoy

Licensed Embalmer No. 35876

P. O. Address Troy, 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.