MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016830
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS-300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4164

FILED MAY 1 1962

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1418 No. 8th Apt.200
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WILL Middle Last GRAYSON

4. DATE OF DEATH Month APRIL Day 20 Year 1962

5. SEX Male

6. COLOR OR RACE Colored

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-19-98

9. AGE (last birthday) 63

IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Mississippi

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Will Grayson

13b. MOTHER'S MAIDEN NAME Sophia Johnson

14. NAME OF HUSBAND OR WIFE Viola Grayson

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. ?

17. INFORMANT Viola Grayson
Address 1418 No.8th Apt. 200

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) CARCINOMA OF ESOPHAGUS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 150X
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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 3-30-62, to 4-20-62 and last saw him alive on 4-20-62
Death occurred at 3:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. E. Dougherty (Degree or title) M. D.

22b. ADDRESS 1515 Lafayette Ave.

22c. DATE SIGNED 4/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4-24-1962

23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery

23d. LOCATION (City, town, or county) St. Louis (County) (State) Mo.

24. FUNERAL DIRECTOR Ellis Funeral Home
ADDRESS 2820 Stoddard St.

25. DATE RECD. BY LOCAL REG. APR 23 1962

26. REGISTRAR'S SIGNATURE Neal Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	225		9-
3			
4	3		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	75-0		
13			
	75		

BY AFFIDAVIT OF DOCUMENT

BRITTINGHAM
USE BLACK INK
OR
TYPEWRITER RIBBON

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_____ Signed Fulton E. Culkin

Signature of Student Embalmer

Licensed Embalmer No. 4198

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.