MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-024679
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6273

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

	DATE AMENDED	SHOULD READ	INSTEAD OF	ITEM NO.	BY AFFIDAVIT OF
1					
2 8480	X				
3					
4 0					
5 0					
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7 0					
8 1					
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11					
12 68-0					
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68

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY — — — — — — — —
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in Ib: 7 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Wisconsin — b. COUNTY: Washington
c. CITY OR TOWN: West Bend — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1028 Adams — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Ray — Middle: — — Last: Gray
4. DATE OF DEATH: Month: June — Day: 23 — Year: 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-23-62
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours 2 Min. 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: — — — —
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ramon L. Gray
13b. MOTHER'S MAIDEN NAME: Norma Moore
14. NAME OF HUSBAND OR WIFE: — — — — — —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Ramon Gray — Address: 1028 Adams West Bend, Wisc.

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): Congenital Atelectasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Pre Maturity — 6 Months gestation
DUE TO (c): 762.5
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 6/23/62, to 6/23/62 and last saw her/him alive on 6/23/62
Death occurred at 10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John B. O'Neill MD.
22b. ADDRESS: 634 North Grand
22c. DATE SIGNED: 6/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6-25-62
23c. NAME OF CEMETERY OR CREMATORY: Hiram Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR: MITTELBERGER GERBER — ADDRESS: COLONIAL CHAPEL
25. DATE RECD. BY LOCAL REG.: JUN 25 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

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_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.