

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028683

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6884**

FILED JUL 31 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b 20 Days</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY St/ Charles</p> <p>c. CITY OR TOWN St. Charles Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 2317 St. Roberts Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last Sean Gray 4. DATE OF DEATH Month Day Year 7 12 62</p>	
<p>5. SEX Male 6. COLOR OR RACE White 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH 6-14-62 9. AGE (last birthday) 28</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Mo 12. CITIZEN OF WHAT COUNTRY United States</p>	
<p>13a. FATHER'S NAME Eugene H. Gray 13b. MOTHER'S MAIDEN NAME Marjorie M. Shortal 14. NAME OF HUSBAND OR WIFE _____</p>	
<p>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. 754.5 17. INFORMANT _____ Address _____</p>	
<p>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 Heart Disease INTERVAL BETWEEN ONSET AND DEATH 20 days</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>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</p>	
<p>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.) _____</p>	
<p>20c. TIME OF INJURY Hour 3:20 a.m. 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from July 5, 1962 to July 12, 1962 and last saw her alive on July 12, 1962 Death occurred at Cardinal Glennon Hosp on the date stated above, and to the best of my knowledge from the causes stated.</p>	
<p>22a. SIGNATURE Donald G. Beiler, M.D. (Degree or title) 22b. ADDRESS 3000 Lafayette 22c. DATE SIGNED July 13, 1962 (State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 13 July 62 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis, Mo.</p>	
<p>24. FUNERAL DIRECTOR Peirson-Bowle F. H. Inc. St. Charles, Mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. JUL 13 1962 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.</p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.