

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8107

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis

City Hospital #2

File No.

Registered No. 1709

St. Ward)

2. FULL NAME

Fred Gaiten

(a) Residence. No. 4207 Kennerly St. 11 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 1 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 30, 1886

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>42</u>	<u>8</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Porter

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

10. NAME OF FATHER

Alan Gaiten

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

La.

12. MAIDEN NAME OF MOTHER

Cassie Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

14. INFORMANT

(Address)

Wm. H. Woodard
City Hospital #2

15. FILED

1929

Wm. H. Woodard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3-1929

17. I HEREBY CERTIFY That I attended deceased from 10-8-1928 to 2-3-1929 that I last saw him alive on 2-3-1929, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

blw. myocarditis

CONTRIBUTORY (SECONDARY) blw. nephritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY.

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) T. R. Cunningham, M. D.
, 19 (Address) 2945 Jackson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washington Park Feb 6-1929

20. UNDERTAKER

ADDRESS

W. S. Wade & Sons 4202

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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