

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

Do not use this space.

12381

**1. PLACE OF DEATH**

County..... Registration District No. 700L  
 Township..... Primary Registration District No. 700  
 City St. Louis (No. ....) St. .... Ward)

File No. ....  
 Registered No. 2901

**2. FULL NAME**

Johanna Gainers  
 (a) Residence No. 384 Arsenal St. 16 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single

**15. DATE OF DEATH** (MONTH, DAY AND YEAR) March 4 1929

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

**16. I HEREBY CERTIFY**, That I attended deceased from Feb 20, 1929, to March 4, 1929, that I last saw h.f.y. alive on March 2, 1929, and that death occurred, on the date stated above, at 10:45 a.m.

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Dec 29 - 1895

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
33 2 4

Chronic Myocarditis 93c

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Road Painter

93c (duration) ..... yrs. .... mos. .... ds.  
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(b) General nature of industry, business, or establishment in which employed (or employer) Painting Work

CONTRIBUTORY (SECONDARY) Rhumeria Chronic  
 (duration) ..... yrs. .... mos. .... ds.

(c) Name of employer International Shoe Co

**9. BIRTHPLACE** (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....

**10. NAME OF FATHER** William Gainers

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Missouri

WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed) H. J. Gains M. D.

**12. MAIDEN NAME OF MOTHER** Catherine Shannon

Feb 5, 1929 (Address) 4000 Natural Bridge Ln

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) England  
 (STATE OR COUNTRY) England

\*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.

**14. INFORMANT** Miss A. D. Adams  
 (Address) 384 Arsenal St

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Calvary Cemetery **DATE OF BURIAL** March 7 1929

**15. FILED** 1929 St. Louis **REGISTRAR**

**20. UNDERTAKER** W. H. Gains **ADDRESS** 98 Howard Pl

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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