

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

Do not use this space.

16645

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis Mo** (No. **City Prop # 21003**)

File No. ....  
Registered No. **5171**  
St. .... Ward)

**2. FULL NAME**

**Classy Gaytop**  
(a) Residence. No. **22230 Canolopha St.** **22** Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred **20** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

|                                                                                             |                                 |                                                                        |
|---------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------|
| 3. SEX<br><b>Male</b>                                                                       | 4. COLOR OR RACE<br><b>Cole</b> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><b>wid</b> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                                |                                 |                                                                        |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>unknown</b>                                       |                                 |                                                                        |
| 7. AGE                                                                                      | YEARS                           | MONTHS                                                                 |
| <b>ebh.</b>                                                                                 | <b>50</b>                       | <b>-</b>                                                               |
|                                                                                             |                                 | DAYS                                                                   |
|                                                                                             |                                 | <b>-</b>                                                               |
| 8. OCCUPATION OF DECEASED                                                                   |                                 |                                                                        |
| (a) Trade, profession, or particular kind of work. <b>Hook</b>                              |                                 |                                                                        |
| (b) General nature of industry, business, or establishment in which employed (or employer). |                                 |                                                                        |
| (c) Name of employer                                                                        |                                 |                                                                        |

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

|         |                                                                           |
|---------|---------------------------------------------------------------------------|
| PARENTS | 10. NAME OF FATHER <b>John Davis</b>                                      |
|         | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown</b> |
|         | 12. MAIDEN NAME OF MOTHER <b>Ann Monknow</b>                              |
|         | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>ala</b>     |

14. INFORMANT **Gertrude Creath**  
(Address) **City Prop # 2**

15. FILED **311** **W. C. Starker**  
19 **31** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-21 1931**

17. I HEREBY CERTIFY, That I attended deceased from **3/24/31**, 19 **31**, to **4/21/31**, 19 **31**, that I last saw him alive on **4/21/31**, 19 **31**, and that death occurred, on the date stated above, at **4:43 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**9:30**  
**Chronic Myocarditis**  
(duration) yrs. **7** mos. ds.

CONTRIBUTORY (SECONDARY) **9:30**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Home**

IF NOT AT PLACE OF DEATH **Home**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Ch. Lpb. Autopsy**  
(Signed) **Henry E. Hampton** M. D.

\*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<br><b>Washington Park</b> | DATE OF BURIAL<br><b>4/30 1931</b> |
| 20. UNDERTAKER<br><b>Peoples and Co.</b>                             | ADDRESS<br><b>3100 Franklin</b>    |

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

