

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

Do not use this space.

21287

1. PLACE OF DEATH WIL 12 1935  
 County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. City) St. North Registered No. 5222  
43757 Anna Mitchell (Ward)  
 (a) Residence, No. 2636 St. St. Bernard (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 5-1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
MOTHER / FATHER	13. NAME <u>Loren Gates</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Sabine?</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Wasp Public Health</u> (ADDRESS) <u>City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Missouri Crematory</u> DATE <u>June 18 1935</u>		
19. UNDERTAKER <u>E. J. Schuber</u> (ADDRESS) <u>3125 Lafayette Ave.</u>		
20. FILED <u>JUN 16 1935</u> <u>J. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/9 1935, to 6/15 1935.  
 I last saw him alive on 6/15 1935. Death is said to have occurred on the date stated above, at 10 am.  
 The principal cause of death and related causes of importance were as follows:  
Ch. Myocarditis  
 Date of onset 730

Other contributory causes of importance:  
Congestive Heart Failure

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify Robert J. Farrell M. D.  
 (Signed)..... (Address) City

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.

