

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

Do not use this space.

SEP 29 1936

32293

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township Clayton Primary Registration District No. 60.33^a
 City Clayton (No. St. Louis County Hospital Ward) Registered No. 306

2. FULL NAME Stuart Pendleton Gaines
 (a) Residence, No. 520 Greeley St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Gaines
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 - 1902
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 10 28
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping Dept. St. Louis
 10. Date deceased last worked at this occupation (month and year) July 8 - 1936 11. Total time (years) spent in this occupation 5
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 MOTHER
 13. NAME Alison Gaines
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 15. MAIDEN NAME Sara Barnahan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allica Indiana
 17. INFORMANT Quenton M. Gair
 (ADDRESS) 223 S. Adams Ave. St. Louis
 18. BURIAL, CREMATION OR REMOVAL PLACE Oak Hill DATE Aug 12 1936
 19. UNDERTAKER Parker Dault Co
 (ADDRESS) Webster Sproules St
 20. FILED 8/10 1936 W. A. Squarrelli
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9/1936 1936
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Sunstroke - collapsed while playing tennis, rushed to St. Louis County hospital and died within less than two hours from time of collapse. Date of onset _____
 Other contributory causes of importance:
Sun stroke -- hyperpirexia.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.
 CORNER'S VIEW
 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 _____
 (Signed) Robert J. ... M. D.
 (Address) 3714 ...
8/10/36

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.

