

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

FEB 8 1937 791
Registration District No.....
Primary Registration District No. 1008
(No. 2209 Hebert St. 2 St. Ward)

File No. 3697
Registered No. 732

2. FULL NAME Robert Gaines

(a) Residence, No. 2209 Hebert St. St. 20 Ward. 1
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

81 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Landscape

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER 13. NAME Patrick Gaines

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME Anne Phelan

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

17. INFORMANT Little Sisters of the Poor (ADDRESS) 2209 Hebert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 18, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co. (ADDRESS) 3840 Lindell Blvd.

20. FILED JAN 18 1937 A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1936 to Jan 15, 1937
I last saw him alive on Jan 15, 1937. Death is said to have occurred on the date stated above, at 11:00 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis (Date of onset)

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of None
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) Anthony A. Breckner, M. D.
(Address) 1525 Cass Ave.

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.

