

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

39790
 Do not use this space.

DEC 13 1937

1. PLACE OF DEATH
 (a) County..... Registration District No. **791 /**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... (d) Street No. **Central Hospital**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Lyle L. Gault,**
 (a) Residence, No. **5959 Maple Ave.** St. **5**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ellanora Gault**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 5, 1880**
 7. AGE YEARS **57** MONTHS **7** DAYS **16** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bank Clerk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **1st National**
 10. Date deceased last worked at this occupation (month and year) **Nov. 13, 37** 11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) **Coulterville**
 (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Lovejoy Gault**
 14. BIRTHPLACE (CITY OR TOWN) **Sparta**
 (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Margaret P atterson**
 16. BIRTHPLACE (CITY OR TOWN) **Sparta**
 (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Mrs. Ellanora Gault**
 (ADDRESS) **5959 Maple Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Valhalla Cemetery** **Nov. 24, 37**

19. FUNERAL DIRECTOR **Bennick-Nelson**
 (ADDRESS) **1135 7th St.**

20. FILED **NOV 22 1937**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 21, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 16, 1937** to **Nov. 21, 1937**
 I last saw him alive on **Nov. 20, 1937** Death is said to have occurred on the date stated above, at **3.55 A.M.**

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset
Nov. 16, 1937

Other contributory causes of importance:
Endocarditis

Nov. 20, 1937

Name of operation **No** Date of **No**
 What test confirmed diagnosis? **Sputum typing** Was there an autopsy? **No**

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 **Occupation**
 (Signed) **J. Bredeck**, M. D.
 (Address) **320 Metro. Bldg.**

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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STATEMENT BY LICENSED EMBALMER

I, Larry M. White, Licensed Embalmer No. 3973

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Larry M. White
Licensed Embalmer No. 3973

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)