

REC'D APR 11 1938

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

8551
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** / **791**
(a) County..... Registration District No.....
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2601** N Whittier Registered No. **2139**
Life (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 **Charlie Gates** 220
(a) Residence, No. **5119 Benedict** St. **9** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 1, 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**

9. Industry or business in which work was done, as 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) **Saint Louis**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Henry Gates** 7
14. BIRTHPLACE (CITY OR TOWN) **Poland**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Harriet Price** 1
16. BIRTHPLACE (CITY OR TOWN) **Kentucky**
(STATE OR COUNTRY)

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Friedens Cem.** DATE **Mar. 2 38**

19. FUNERAL DIRECTOR **Russell Und. Company**
(ADDRESS) **2732 Pine Street**

20. FILE **MAR 2 1938** **J. D. Bredek**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 27, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 24**, 1938, to **Feb. 27**, 1938

I last saw him alive on **Feb. 27**, 1938 Death is said

to have occurred on the date stated above, at **6 a** m.

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

Arteriosclerotic heart disease

Date of onset **2/24/38**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **clinical** 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?

If so, specify

(Signed) **J. D. Bredek**, M. D.

(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

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.)