

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.

1938

REC'D JUN 7 1938

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

Do not use this space.

19590

1. PLACE OF DEATH

County Saint Louis Registration District No. 784
 Township Carondelet Primary Registration District No. 200
 City Jefferson Barracks (No. Veterans Adm. Facility)

File No. _____
 Registered No. 953
 St. _____ Ward _____

2. FULL NAME Dock GATEWOOD

(a) Residence, No. 917 North Channing Ave., St. _____ Ward. Saint Louis, Missouri.
 (Usual place of abode) Unkn. (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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Eva Gatewood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 7, 1894</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>3</u>
	DAYS <u>24</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>Cook</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>	
	10. Date deceased last worked at this occupation (year) <u>1938</u>	
	11. Total time (years) spent in this occupation <u>21</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Batesville, Mississippi</u>		
FATHER	13. NAME <u>George Gatewood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Josie-Unavailable</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Clinical Director VAF Jefferson</u> (ADDRESS) <u>Barracks, Missouri.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cem.</u> DATE <u>June 6, 1938</u>		
19. UNDERTAKER <u>Charles J. Gates</u> (ADDRESS) <u>410 Finney Avenue</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1938 to May 31, 1938

I last saw him alive on May 31, 1938 Death is said to have occurred on the date stated above, at 3:40P.m.

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

Arteriosclerosis, generalized (arterio-sclerotic heart disease). Chronic Nephritis, severe with uremia.

Other contributory causes of importance:
Myocardial insufficiency, decomp. Anemia, secondary.

Name of operation None Date of _____
 Why? Clinical manif. and laboratory 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?
 If so, specify Unk.
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF. Jefferson Barracks, Mo.

FILED JUN 2 1938
 REGISTRAR J. R. Meyer, M.D. 707

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522
hereby certify that the body recorded on the reverse
side of this certificate was embalmed by me.

4107 Finney Avenue, St. Louis, Missouri.

Licensed Embalmer No. 3522.