

REC'D FEB 10 1939

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

938

Do not use this space.

938

## 1. PLACE OF DEATH

(a) County ..... Registration District No. 1  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, Mo. (d) Street No. 3629 Cottage Ave. St. 1003  
(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

670 LOUIS GAY  
(a) Residence, No. 3629 Cottage Ave. St. 11  
(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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1879

7. AGE YEARS 59 MONTHS 11 DAYS 25 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

FATHER 13. NAME Joe Gay 7  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

MOTHER 15. MAIDEN NAME Caroline Costa  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Teresa Gay  
(ADDRESS) 3629 Cottage

18. BURIAL, CREMATION, OR REMOVAL PLACE Benld Ill DATE Feb 1 1939

19. FUNERAL DIRECTOR A. Kron & Co  
(ADDRESS) 2707 W Grand Blvd

20. FILED JAN 30 1939 J. B. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1938 to Jan 29 1939

I last saw him alive on Jan 28 1939 at 12.21 p.m. Death is said to have occurred on the date stated above, at ..... m.

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

Cancer of Stomach 4 mo.  
11  
10

Other contributory causes of importance:

Inaction 1 mo.

Name of operation ..... Date of .....  
What test confirmed diagnosis? X-rays 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 .....

(Signed) John M. H. Dear M. D.  
(Address) 816 Metropolitan Bldg

STATEMENT BY LICENSED EMBALMER

I, Paul F. Hollenberg, Licensed Embalmer No. 2631

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 Paul F. Hollenberg  
Licensed Embalmer No. 2631

**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.)**