

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

16782

Do not use this space.

4316

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City Saint Louis (d) Street No. Homer G. Phillips Hospital St.
 (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 Ernest Gaither

(a) Residence, No. 3671 Finney Avenue St. 11 (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 <u>Male</u>	4. COLOR OR RACE <u>Negro</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>Mary Gaither</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17th 1879</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>11</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Custodian</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Civil Courts Bldg.</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>1</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 11:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Spontaneous Hemorrhage of Brain and Laceration of Liver, as a result of being struck by a public conveyance while en route to James B. Ellis Mortuary and Editor's Office
 Other contributory causes of importance: Conductor, at Vandercook and Evans Ave. about 9:30 Clock AM 5/1/39

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 5/3/39

Where did injury occur? Public place
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) J. B. Prud'homme
 (Address) 1300 Clark Avenue

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbyville Tennessee</u>
	13. NAME <u>Unavailable</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
	15. MAIDEN NAME <u>Unavailable</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>
17. INFORMANT (ADDRESS) <u>Mary Gaither 3671 Finney Avenue</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>May 9th 1939</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Charles J. Gates 4107-09 Finney Avenue</u>	
20. FILE NO. <u>MAY 9 1939</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

59-11-14
 11144 1724 1880
 REGD JUN 12 1939

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Local Registrar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

James A. Johnson
Licensed Embalmer No.....

3522

P. O. Address.....

4107 Finney Avenue

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.)

If this body is not embalmed, above space should be left blank.