. No. 2
-11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20190

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5138

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4511 McMillan Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 50 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 12 (If outside city or town limits, write "RURAL")

(d) Street No. 4511 McMillan Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 yrs years.

3. (a) PRINT FULL NAME Mary A Gately 340

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John A

6. (c) Age of husband or wife if alive Decd years

7. Birth date of deceased Sept (Month) 3rd. (Day) 1861 (Year)

8. AGE: Years 78 Months 9 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) England (State or foreign country) 4

10. Usual occupation At Home 4

11. Industry or business 4

FATHER
12. Name Samuel Ashton
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Martha Broughton
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant James B Gately

(b) Address 4511 McMillan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) JUN 12 1940 (Date received local registrar) (b) J. B. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1940 hour 9:40 PM minute M.

21. I hereby certify that I attended the deceased from April 2, 1940 to June 10, 1940 that I last saw her alive on June 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	9 mo
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	9 mo.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 844 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature John W. Macdonald (M. D. or other)

Address 539 N. Grand Date signed 6-11-40

(Licensed Embalmer's Statement on Reverse Side)

Metro Bldg

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer W. Frit

Licensed Embalmer No. 3882

P. O. Address.....

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.