

No. 2
4-13-40
-17-39
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33586

NOV 16 1940 791

Primary Registration District No.

1003

Registrar's No. 8283

1. PLACE OF DEATH:

- (a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3505 Belt Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Malindia Catherine Gaines

3. (b) If veteran, name war _____ 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 Joseph M. Gaines 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased July 13, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>21</u>	hr. min.

9. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Elisha Mouser

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Baker

15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. Dulaney

(b) Address 3505 Belt Avenue

17. (a) Removal (b) Date thereof 10/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zelma Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. OCT 4 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3505 Belt Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1940 hour 1 minute 40 M.

21. I hereby certify that I attended the deceased from Oct 31, 1940 to Oct 4, 1940

that I last saw him alive on Oct 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

My Son

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (a. D. or other) 14 D

Address 701 Olive St. Date signed 10/4/40

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

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

J. S. Sullivan

Licensed Embalmer No. 1122

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, fact should be so stated above.