

JAN 15 1941

Registration District No. 294 Primary Registration District No. 5409B Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town St. Clair, Mo. Central township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town St. Clair Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 1/4 miles north of St. Clair  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Frank Gault

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife Paula Kay 6. (c) Age of husband or wife if alive Deceased years \_\_\_\_\_

7. Birth date of deceased. 3 15 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mescal, Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Frank Gault

18. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Leah Ann Dose

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

16. (a) Informant Robert Gault

(b) Address St. Clair, Mo

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof (Month) (Day) (Year) \_\_\_\_\_

(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director Ernest P. Altmaier  
(b) Address St. Clair, Mo  
19. (a) Jan 9, 1941 (b) W. A. Duckworth  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_

Due to 4 1/2 hr

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy No

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? 267

White at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury Owner

23. Signature Ernest P. Altmaier Owner

Address Gerald, Missouri Date signed 1-6-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *K. M. Perrot*

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, Mo.*

**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.**

