

No. 2  
13-40  
17-39  
X23159

**FILED MAR 25 1941**

Registration District No. **791** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**830 Grape Ave /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
(Specify whether)  
 In this community **Birth**  
years, months or days

**3. (a) PRINT FULL NAME** **Henry N. Gores**  
**3. (b) If veteran, name war** **None** **3. (c) Social Security No.** **None**

**4. Sex** **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Kate Gores nee Morris** **6. (c) Age of husband or wife if alive** **63** years  
**7. Birth date of deceased** **July 28, 1941** **1873**  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**67** **6** **22** hr. min.

**9. Birthplace** **St. Louis** **0 Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Paper box Mfg.**

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** **Nicholas Gores**  
**13. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Emma Bauer**  
**15. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Kate Gores**  
**(b) Address** **830 Grape Ave**

**17. (a) Burial** **(b) Date thereof** **2/24/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Friedens Cemetery**

**18. (a) Signature of funeral director** **Math Hermann & Son**  
**(b) Address** **2161 East Fair Ave**

**19. (a) FEB 21 1941** **(b) [Signature]**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis** **17 8**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **830 Grape Ave** **9**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **February** day **20,**  
 year **1941** hour **2:30 PM** minute M.

**21. I hereby certify that I attended the deceased from** **June 1, 1937** to **Feb 21, 1941**  
 that I last saw him alive on **Feb 15, 1941**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis** **1 day**  
 Due to **Diabetes mellitus** **7 yrs**

Due to **Arterio-sclerosis** **10 yrs**

Other conditions **Arterio-sclerosis**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: **61**  
 Of operations **61**  
 Of autopsy **61**

**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?

**23. Signature** **[Signature]** **(M. D. or other)** **M.D.**  
 Address **402 Rister Blvd** Date signed **2-21-41**

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

MAY 18 1943

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.....

*Samuel Hampton*

Licensed Embalmer No.....

*2967*

P. O. Address.....

*St. Louis, 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, fact should be so stated above.