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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19085

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1239

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96 7
(c) City or town Webster Groves 4
(If outside city or town limits, write "RURAL")
(d) Street No. 341 So. Maple Ave 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ARTHUR HAMILTON GALE JR
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M. 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alvaretta Tyler Gale
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Nov (Month) 12 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
57	7	0	hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Wholesale Grocery
11. Industry or business
FATHER 12. Name A N Gale Sr
13. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
MOTHER 14. Maiden name Stella Haney
15. Birthplace Felicia (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant A N Gale III
(b) Address 341 S. Maple Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem
18. (a) Signature of funeral director Mottelberg Funeral Home
(b) Address Webster Groves Mo
19. (a) JUN 13 1941 (Date received local registrar) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1941 hour 4:00 minute 00 A.M.
21. I hereby certify that I attended the deceased from Feb 17, 1940 to June 12, 1941; that I last saw him alive on June 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	6 mo
Due to: Chronic Myocarditis	2-17-40+
Due to: Hypertension	2-17-40+
Other conditions (Include pregnancy within 3 months of death)	
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) No
(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? (Specify type of place)
While at work? — (e) Means of injury
23. Signature A. C. Campbell (M. D. or other) MD
Address 8029 Forsythe Clayton Date signed June 12 1941

(Licensed Embalmer's Statement on Reverse Side)

JUN 25 1941

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.