S. No. 2
—1-4-41
5-17-39
PI X26390

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. 4350
1731

FILED MAR 17 1942

Registration District No. 791 | Primary Registration District No. 4000 | Registrar's No.

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:
4240 Holly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10 000
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 4240 Holly
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John W. Gainey

3. (b) If veteran, name war None

3. (c) Social Security No. 491-14-9350

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Esther Menzel Holly

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June (Month) 23, (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	1	hr. min.

9. Birthplace East St. Louis (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name William Gainey
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Leahey
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Esther Gainey
(b) Address 4240 Holly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot Carroll
(b) Address 4600 Natural Bridge

19. (a) FEB 25 1942 (Date received for record) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 13, 1942 19 to Feb 24 19 42
that I last saw him alive on Feb. 23 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death C. M. S. Sclerosis

Due to 3 yrs

Due to

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

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature Robert J. Farrell (M.D.)
Address 624 N. Union Date signed 2/24/42

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382.

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.