

FILED APR 8 1942

State File No.

Registration District No. 791

Primary Registration District No. 7008

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: Missouri Baptist Hosp  
(d) Length of stay: In hospital or institution 5 weeks  
In this community 5 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
(c) City or town St. Clair  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Dr. Hugh C. Gault

3. (b) If veteran, name war  
3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Feb. 7 1859

8. AGE: Years Months Days If less than one day

83	1	0	hr. min.
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9. Birthplace Sparta Ill.

10. Usual occupation Retired Dentist

11. Industry or business

MOTHER FATHER  
12. Name James Gault  
13. Birthplace Unknown  
14. Maiden name Martha Campbell  
15. Birthplace Unknown

16. (a) Informant Margaret Gault

(b) Address St. Clair, Mo.

17. (a) burial (b) Date thereof 3-9-42

(c) Place: burial or cremation St. Clair, Mo

18. (a) Signature of funeral director A. H. Hoppe

(b) Address 4700 Washington

19. (a) Mar-10-1942 (b) J. F. Brudick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7  
year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan 24  
1942 to 3-7 1942  
that I last saw him alive on 3-6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pneumonia  
Comp. (2)  
non hypertensive

Due to Arterio Sclerosis 20 yrs

Due to Spinal Abnormalities 6 weeks

Other conditions from undetermined cause

Major findings: Abnormalities of terminal I. Rem.  
of autopsy: Pulmonary Arterio Sclerosis

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?  
(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 J. F. Brudick (M. D. or other)  
Address 2816 Sutter Date signed 3-8-42

Duration

1 day  
6 wks.

PHYSICIAN

Underline the cause to which death would be assigned

LOCKER

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

079

036  
3  
0

2185

2185

**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. Wm Binkley

Licensed Embalmer No. 3653

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.**