S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

12628

State File No.

FILED MAY 19 1942

Registration District No. 291

Primary Registration District No. 1003

Registrar's No. 4215

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22 000

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 312 S. Jefferson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Gussie Gates

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex F 3

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 5 (Day) 1902 (Year)

8. AGE: Years 39 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Nancy Gaston
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Phillip Gates

(b) Address 312 so Jefferson ave

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof May 13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J W Hughes

(b) Address 2620 Lawton blvd

19. (a) MAY 13 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9, year 1942 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from April 21, 1942 to May 9, 1942 that I last saw her alive on May 9, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Luetic Meningitis	Unknown
Pleural Effusion	
Due to	
Due to	
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)

(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 J. W. Johnson (M. D. or other)

Address 2601 Whittier Date signed 5-9-42

844

(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 Lyda Hughes

Licensed Embalmer No. 2938

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.