

Registration District No. **791**

Primary Registration District No. **1003**

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:
1620 - Chestnut St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **30 years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State **CCO**
St Louis (b) County **17**
 (c) City or town **525**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1620 a Chestnut st**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Katie Gains**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **F** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John Gains** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years **about 58** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Henderson** / **Kentucky**
 (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **Maymon Langly**

13. Birthplace _____ / **KY**
 (City, town, or county) (State or foreign country)

14. Maiden name **Katie Langly**

15. Birthplace _____ / **KY**
 (City, town, or county) (State or foreign country)

16. (a) Informant **John Gains**

(b) Address **1620 a Chestnut st**

17. (a) **Removal** (b) Date thereof **Aug 1 - 42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Henderson Ky**

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

(b) Address **2620 Lawton**

19. (a) **AUG 1 1942** (b) Signature **J. F. Proctor**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29th**
 year **1942** hour **12** minute **15** P.M.

21. I hereby certify that I attended the deceased from **July 14th**
 _____, 1942, to **July 27th**, 1942,
 that I last saw her alive on **July 27th**, 1942,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Edema of lungs - Chronic interstitial nephritis - Arterio-sclerosis**

Duration **3 days**
5 yrs

Due to _____
 Due to **13/ Hemiplegia left side**

Other conditions **12/**
 (Include pregnancy within 3 months of death)

Major findings: **12/**

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?

 While at work? _____ (Specify type of place) (e) Means of injury **(1)**

23. Signature: **Arthur H. Rohlfing** (M. D. or other)
 Address **1722 Olive St.** Date signed **7/31/42**

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Elbert Young
Licensed Embalmer No. 3371
P. O. Address St Louis

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.