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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4283

State File No. 1

Registration District No. 317 — Primary Registration District No. 2002 — Registrar's No. 62

1. PLACE OF DEATH:

(a) County ~~Clayton~~ St. Louis

(b) City or town ~~Clayton~~ University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 774 Harvard /
(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 Missouri City (b) County St. Louis 96

(c) City or town University City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 774 Harvard
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____ /

3. (a) PRINT FULL NAME Fannie W. Gates

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

4. Sex Female | 5. Color or race Wh. / | 6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Rudolph 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Feb. (Month) 22 (Day) 1869 (Year)

8. AGE: Years 74 | Months 10 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Newark (City, town, or county) N.J. / (State or foreign country)

10. Usual occupation at home

11. Industry or business ____

FATHER
12. Name Morris Weiss
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Rau
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Morry Gates
(b) Address 774 Harvard

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof ~~12~~ 1-10-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.

19. (a) JAN 11 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1944 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from October 10, 1943, to Jan 8, 1944; that I last saw her alive on January 8, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
uremia	2 wks
Due to arteriosclerotic nephritis	10 years
Due to arteriosclerosis c̄ hypertension	20 years
Other conditions Pyloric Gastric ulcer (Include pregnancy within 3 months of death)	2 mos.

Major findings:
Of operations 131 Ac
Of autopsy arteriosclerotic nephritis
Coronary sclerosis - pulmonary infarcts

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 Jannie D Katz (M. D. or other) M.D.
Address 3903 Olive Street Date signed 1/9/44

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(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1946

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 Wm. Hirons

Licensed Embalmer No. 4319

P. O. Address 5216 Delmar

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.