

FILED NOV 22 1944

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STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35882  
Registrar's No. 9810

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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:  
St. Anthony Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Vina Gagnepain,

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

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,  
6. (b) Name of husband or wife Julian J. Gagnepain, 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased March 29 1892, (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>7</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation At Home,

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph W. Schindler,  
13. Birthplace Perry County, Missouri,  
(City, town, or county) (State or foreign country)  
14. Maiden name Vina Tucker,  
15. Birthplace Perry County, Missouri,  
(City, town, or county) (State or foreign country)

16. (a) Informant Julian J. Gagnepain,

(b) Address 3235 Liberty St.,

17. (a) Burial, (b) Date thereof 11/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Mt. Hope Cem. Perryville, Mo.

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) NOV 13 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3235 Liberty Street,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th  
year 1944 hour 2: minute 40 A.M.

21. I hereby certify that I attended the deceased from July 10, 1944 to Nov 12, 1944,  
that I last saw him alive on Nov 12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis Duration 12 hrs

Due to Carcinoma of stomach 6 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach  
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) (c) Means of injury 0

23. Signature A. J. Shelton (M. D. or other) MD  
Address 4702 Virginia Date signed 11-13-44

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

OCT 17 1961

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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..... *V E Morris* .....

Licensed Embalmer No. 3360

P. O. Address 306 Boenecke Ct.,  
Lenay, 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.