

FILED JUL 3 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1628

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 91 days
 (Specify whether
 In this community 77 years
 years, months or days)

3. (a) PRINT FULL NAME Edward GATES
 3. (b) If veteran, name war Spanish American
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Martha Gates
 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased: March 17 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>9</u>	hr. min.

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

10. Usual occupation Watchman

11. Industry or business Unknown

MOTHER FATHER
 12. Name Jacob Gates
 13. Birthplace Berlin Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ross
 15. Birthplace Glasgow Scotland
 (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clark, Vet. Adm. Facility,

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 6/29/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 6-28-45 (b) E. H. McHann
 (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. 4255 Prairie Avenue
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1945 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from
March 27, 1945 to June 26, 1945;
 that I last saw him alive on June 26, 1945;
 and that death occurred on the date and hour stated above.
 Immediate cause of death BRONCHO-PNEUMONIA ^{Duration} 3 days

Due to - - - 107

Due to - - -

Other conditions ARTERIOSCLEROSIS, GENERALIZED
 (Include pregnancy within 3 months of death) Unknown

Major findings:
 Of operations No operation PHYSICIAN _____

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 E. V. EDWARDS, Major, M.C. (M. D. or other)
Clinical Director

Address Vet. Adm. Fac., Jeff. Brks., Mo. Date signed 6/28/45

FEB 1 1945

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 William G. Buckholz
Licensed Embalmer No. 2160
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.