

STANDARD CERTIFICATE OF DEATH

10744

State File No.

FILED MAR 19 1946

Registration District No. 517

Primary Registration District No. 3076

Registrar's No. 628

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
221 W. Felton ave.
(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 (b) County St. Louis
 (c) City or town Lemay
(If outside city or town limits, write "RURAL")
 (d) Street No. 221 W. Felton ave.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME

John J. Gates

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emma Gates 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased March 25 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>11</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Audrain Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Union Electric L.&.P.Co.

MOTHER FATHER

12. Name Perry Gates
 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary McCabe
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Gates

(b) Address 221 W. Felton ave. Lemay, Mo.

17. (a) Burial (b) Date thereof March 16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 3-16-46 (b) Ed M. Hansen M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
 year 1946 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 15
 1946 to March 13 1946

that I last saw ed alive on 3.13.46 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death:
The dilation of heart
Neuroplegia
chronic arteriosclerosis
chr - myocarditis
93d

Duration
1/2 day
86th
year
Jan 46

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?

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

23. Signature Edwin A. Greenleaf (M. D. or other) _____
 Address 748 Lemay Ferry Rd Date signed 3/13/46

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

Dr. Cecil

MAR 2 1948

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *7874 E. Broadway*

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.