No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43041

FILED DEC 31 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11454

1. PLACE OF DEATH:
(a) County: St. Louis-MO
(b) City or town: St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4298 Sullivan Pl Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: ST, Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 4298 Sullivant Pl ve (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No): 10 0
If yes, name country:

3. (a) PRINT FULL NAME: Laura Gales
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: F 3
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Widowed 7
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 3 (Month) — 18 (Day) — 1877 (Year)
8. AGE: Years 70 Months 8 Days 24 If less than one day hr. min. 0
9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: George .Li nton
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Herretta Linton
15. Birthplace: St. Louis Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Williams H Gales
(b) Address: 4298 Sullivan Pl
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 12-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery
18. (a) Signature of funeral director: Herman, J. Smith
(b) Address: 4247 W Labadie Ave
19. (a) DEC 15 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 12 year 1947 hour 12/30 minute P M.
21. I hereby certify that I attended the deceased from October 11, 1946 to December 12, 1947 that I last saw h. EA alive on Dec. 9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death:	13 Mo
Due to: Cardiac Disease Valvular	13 Mo
Due to:	
Other conditions: Diarrhea (Include pregnancy within 3 months of death)	6 days
Major findings: Of operations: —	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: 0
23. Signature: M. J. Mansiere (M. D. or other)
Address: 4320 a Easton Ave Date signed 12-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 413 41

P. O. Address.....

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.