

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14432

96

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

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 658			
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis					
b. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		d. STREET ADDRESS (If rural, give location) 5970 Miner Va			
d. FULL NAME OF HOSPITAL OR INSTITUTION Creve Coeur Mill Rd				d. STREET ADDRESS (If rural, give location) 5970 Miner Va					
3. NAME OF DECEASED (Type or Print) a. (First) Jesse			b. (Middle)		c. (Last) Gatlin		4. DATE OF DEATH (Month) (Day) (Year) 3-13-49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-17-1907		9. AGE (In years last birthday) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Rston Ring Factory		11. BIRTHPLACE (State or foreign country) Doniphan Mo			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Gatlin			13b. MOTHER'S MAIDEN NAME Hattie Price			14. NAME OF HUSBAND OR WIFE Avis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 493-07-2475		17. INFORMANT'S SIGNATURE OR NAME Helen Gatlin			ADDRESS 6227 Ridge		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull & crushing chest injuries with internal hemorrhage				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Creve Coeur, St. Louis, Mo		21f. HOW DID INJURY OCCUR? Occupant of automobile struck by freight train			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 13 49 A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
22a. SIGNATURE Arnold Willmann				22b. ADDRESS 3 Cor. Taylor, Mo.		22c. DATE SIGNED 3/15/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-16-49		24c. NAME OF CEMETERY OR CREMATORY Doniphan		24d. LOCATION (City, town, or county) (State) Mo			
DATE REC'D BY LOCAL REG. 3-16-49		REGISTRAR'S SIGNATURE Thurmond		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Svc		ADDRESS 4104 Manchester			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J Allen Davis Jr*

Licensed Embalmer No. *4053*

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.