

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38741
State File No. 1003

FILED DEC 1 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5435 Bates Street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>M.</u> c. (Last) <u>Gatliffe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 19- 1949.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 21st, 1875</u>	9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Worcester Massachusetts</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Benjamin Franklin Aiken</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Hildreth Ferguson</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas D. Gatliffe.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas D. Gatliffe</u>	ADDRESS <u>5435 Bates Street</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u> DUE TO (c) <u>Nephrosclerosis</u>		<u>Under</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction due to internal hernia</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>56/0</u>

22. I hereby certify that I attended the deceased from Sept, 1949, to 11/19, 1949, that I last saw the deceased alive on 11/19, 1949, and that death occurred 11:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph B. Barstow</u>	23b. ADDRESS <u>16 Hampton Village Plaza St. Louis</u>	23c. DATE SIGNED <u>11/21/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>November 23, 49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>NOV 22 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Barstow</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ziegenhein Bros.</u>	ADDRESS <u>6409 Gravois Ave</u>
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(Licensed Embalmer's Statement on Reverse Side)

Dr. Dallas J. Dyer 16 Hampton Village Plaza.
 10. 7070.
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.