

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11484  
692

FILED MAR 23 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 692

4000

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmwood, PARK</u>		c. LENGTH OF STAY (In this place) <u>50 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Co. Mo. ELMWOOD PK.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elmwood, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>Elmwood, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle)	c. (Last) <u>Gales</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar, 16, 1950</u>	
5. SEX <u>Male</u> ✓	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June, 9, 1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Month <u>9</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tupelo Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Stanton Gales</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Gales</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cora Gales Elmwood, Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia -</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegic - Left.</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>27 Feb 1950</u>  <u>352X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>27 Feb</u> , 19 <u>50</u> , to <u>16 March</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>16 March</u> , 19 <u>50</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paul R. Whitman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>897 3/4 Midland, St. Louis (14) Mo</u>		23c. DATE SIGNED <u>10 March 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo.</u>		
DATE RECD BY LOCAL <u>MAR 17 1950</u>	REGISTRAR'S SIGNATURE <u>Hubert L. Blomke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright's Funeral Home 3100 Easton Ave.</u>		

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 Arthur L. Hilliard.....

Licensed Embalmer No. 4221.....

P. O. Address 4049 St Jersena.....

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.