

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1951

State File No. 37-22-106
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2159</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3630 Montana</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) _____ c. (Last) <u>GAY</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>4</u> (Year) <u>51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 4, 1883</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>DuQuoin, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Gay</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Green</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie Gay</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Gay, 3630 Montana Ave.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct with terminal shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____
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>H201</u>

22. I hereby certify that I attended the deceased from 12-29, 1950, to 1-4, 1951, that I last saw the deceased alive on 1-4, 1951, and that death occurred at 11:05 am, from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Bradley</u> (Degree or title) <u>M.D.O.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>1-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/7/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marissa</u>	24d. LOCATION (City, town, or county) (State) <u>Marissa, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>JAN 6 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lusitan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PROVOST UND. CO., 3710 N. Grand Bl.</u>	ADDRESS _____
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Albert Mayfield*

Signed.....
Student Embalmer

Licensed Embalmer No. *3077*

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.