

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9959

2351

|  |  |   |   |   |  |  |  |
|--|--|---|---|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>318</u>   |   | PRIMARY REG. DIST. NO. <u>1009</u>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>  |  | c. LENGTH OF STAY (in this place) <u>1 Mo. &amp; 15 days</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>                                   |  | 2139   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY HOSPITAL</u>   |  |   |   | d. STREET ADDRESS (If rural, give location) <u>13 5600 Arsenal</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>FRANKLIN</u><br>b. (Middle) _____<br>c. (Last) <u>GATES</u>  |  |   | 4. DATE OF DEATH<br>(Month) <u>2</u> (Day) <u>24</u> (Year) <u>1951</u> |   |  |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, <u>DIVORCED</u> , <u>3</u>  |  | 8. DATE OF BIRTH <u>Aug. 12-1870</u>                                     |  |
| 9. AGE (In years last birthday) <u>80 Yrs</u>  |  | 10. 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>Ind</u>                     |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Henry</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Viola M. Cool</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Marie</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. _____   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Infirmary Records</u> ADDRESS <u>28 Racine Mo</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>7+ years</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 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>Hit by car</u>  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>Jan. 9, 1951</u> , to <u>Feb. 24, 1951</u> , that I last saw the deceased alive on <u>Feb. 24, 1951</u> , and that death occurred at <u>12:00A. m.</u> , from the causes and on the date stated above. |  |   |   |   |  |  |  |
| 23a. SIGNATURE <u>George M. Janaka, M.D.</u> (Degree or title)   |  |   |   | 23b. ADDRESS <u>5600 Arsenal</u>  |  | 23c. DATE SIGNED <u>2-24-51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>10</u>  |  | 24b. DATE <u>MAR 13 1951</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Bienville Anatomical Board</u>  |  | 24d. LOCATION (City, town, or county) _____ (State) _____                |  |
| DATE REC'D BY LOCAL REG. <u>MAR 13 1951</u>  |  | REGISTRAR'S SIGNATURE <u>J. B. Foster</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald Kennedy</u> ADDRESS <u>1524 Manchester Ave. St. Louis 20, Mo.</u>                    |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.