

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17775
5249

State File No.

FILED JUN 15 1951

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

200

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 1905 Whittier 0	

3. NAME OF DECEASED (Type or Print) a. (First) Gus b. (Middle) c. (Last) Amy			4. DATE OF DEATH (Month) (Day) (Year) June 6 1951		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown	8. DATE OF BIRTH June 2, 1878	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 0	IF UNDER 24 HRS. Hours 4 Min.
-----------------------	----------------------------------	--	---	--	----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Helena, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	--	--

13a. FATHER'S NAME James Amy	13b. MOTHER'S MAIDEN NAME Jennie ---	14. NAME OF HUSBAND OR WIFE unknown
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-03-8969	17. INFORMANT'S SIGNATURE OR NAME Ethel Amy,	ADDRESS 1905 N. Whittier
---	---	--	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Generalized Arteriosclerosis		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 332X
--	--	---

22. I hereby certify that I attended the deceased from **6-2**, 1951, to **6-6**, 1951, that I last saw the deceased alive on **6-6**, 1951, and that death occurred at **3:40 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE Loren W Harris	(Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 6-6-51
---	-----------------------------------	---	-----------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE June 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	----------------------------------	---	---

DATE REC'D BY LOCAL REG. JUN 8 1951	REGISTRAR'S SIGNATURE J B Casiter	25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME	ADDRESS Charles J. Gates, 4107 Finney Ave.
---	---	---	--

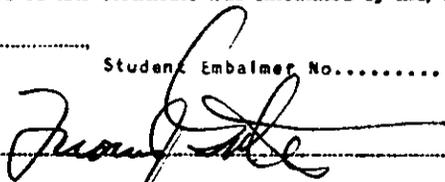
STATEMENT BY LICENSED EMBALMER

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. 4259

P. O. Address 4107 Finney Avenue

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.