

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

State File No. **21220**  
Registrar's No. **5434**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>MISSOURI</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>ST. LOUIS</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>ST. LOUIS</b>                               |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>7706 S. BROADWAY</b>                                  |  | e. STREET ADDRESS (If rural, give location)<br><b>7706 S. BROADWAY</b>  |  |

|  |                                  |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)   |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)   |  |  |
| a. (First)<br><b>LOUIS</b>   | b. (Middle)<br><b>HENRY</b>      | c. (Last)<br><b>GAIN</b>   | <b>JUNE 12, 1951</b>                    |  |  |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>FEB 27, 1895</b> | 9. AGE (In years last birthday)<br><b>56</b>                 | IF UNDER 1 YEAR Months                   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>COOK</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country)<br><b>ILLINOIS</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>1</b> |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>WILLIAM GAIN</b> | 13b. MOTHER'S MAIDEN NAME<br><b>LOTTIE SCHEILDS</b> | 14. NAME OF HUSBAND OR WIFE<br><b>ANNA GAIN</b> |
|---|---|---|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO.<br><b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>ANNA GAIN, VET. ADM. HOSPITAL, JEFF. BKS. MO. 28</b> | ADDRESS |
|---|--|--|---------|

|   |  |  |   |
|---|--|--|---|
| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Central hemorrhage (Hypertension)</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs</b> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b> |  |   |
|   | DUE TO (c) <b>Arteriosclerosis</b>   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <b>Phnum</b>                                      |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>331X</b> |
|--|--|---|

22. I hereby certify that I attended the deceased from **Jan 10, 1950**, to **Jan 12, 1951**, that I last saw the deceased alive on **Jan 6, 1951**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

|  |                   |  |                                    |
|--|-------------------|--|------------------------------------|
| 23a. SIGNATURE<br><b>V. M. C. Douglas M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>7702 Rivers Ave</b> | 23c. DATE SIGNED<br><b>6/13/51</b> |
|--|-------------------|--|------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>JUNE 15, 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>MT. OLIVE CEMETERY</b> | 24d. LOCATION (City, town, or county) (State)<br><b>MT. OLIVE ROAD, LEMAY, MO.</b> |
|--|-----------------------------------|---|--|

|  |  |  |   |
|--|--|--|---|
| DATE RECD. BY LOCAL REG. <b>JUN 1 4REG</b> | REGISTRAR'S SIGNATURE<br><b>J. B. Hunter</b> | 5. FUNERAL DIRECTOR'S SIGNATURE<br><b>C. HOFFMEISTER</b> | ADDRESS<br><b>U. &amp; L. CO. 7814 S. BROADWAY, ST. LOUIS, MO. 11</b> |
|--|--|--|---|

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 Louis C. Hoffmeister

Signed.....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.