

STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300
V. 10.48

FILED DEC 1 1951

BIRTH NO. 79929-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10215

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

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firm in DeLoe Hospital</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2237</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Danny</u> b. (Middle) <u>Ray</u> c. (Last) <u>Gaddis</u> | | d. STREET ADDRESS (If rural, give location) <u>2140 Allen St.</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 51</u> | 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> |
| 8. DATE OF BIRTH <u>10-14-51</u> | 9. AGE (In years last birthday) <u>12</u> Months <u>1</u> Days <u>13</u> Hours <u>13</u> Mins. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>Chester Wayne Gaddis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sean Ann Reeves</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Chester W. Gaddis</u> ADDRESS | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>aspiration</u> DUE TO (c) <u>Alcstasis</u> II. OTHER SIGNIFICANT CONDITIONS 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? YES <input checked="" 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>762.5</u> | | 22. I hereby certify that I attended the deceased from <u>11/14</u> , 19 <u>51</u> , to <u>11/15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/13</u> , 19 <u>51</u> , and that death occurred at <u>2:15</u> p. m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Paul H. Groves</u> (Degree or title) | | 23b. ADDRESS <u>Firm in DeLoe Hosp</u> | |
| 23c. DATE SIGNED <u>11/15/51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>11-16-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u> | |
| 24d. LOCATION (City, town, county) (State) <u>St. Louis County, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u> ADDRESS <u>2301 Lafayette</u> | |
| DATE RECD BY LOCAL REG. <u>NOV 16 1951</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D. R.P.</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

Not Embalmed
.....
working under my personal supervision.

Student
Student Embalmer

Signed *H. J. Farris*
.....
Student Embalmer No.

Licensed Embalmer No. *3284*

P. O. Address *2301 Lafayette*

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.