

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

State File No. **14282**  
Registrar's No. **3590**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>35 yr</b>		d. STREET ADDRESS (If rural, give location) <b>2634 a Lawton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS <b>2634 a Lawton</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Nana</b> b. (Middle) c. (Last) <b>Gary</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 14 1952</b>						
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>NEGRO</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>August 26, 1898</b>	<b>9. AGE</b> (in years last birthday) <b>53</b>	<b>10. MONTHS</b> <b>7</b>	<b>11. DAYS</b> <b>17</b>	<b>12. HOURS</b>	<b>13. MINS.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Va</b>		<b>12. CITIZENRY OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Thomas Gary Deceased</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Bulah Warren</b>	
				<b>ADDRESS</b> <b>2634 Lawton</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Metastatic Carcinoma of Liver; carcinoma of Breast</b>		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b>				<b>Undet.</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>							

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>170X</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>3-27</b> <b>1952</b> , to <b>4-14</b> , <b>1952</b> , that I last saw the deceased alive on <b>4-14</b> , <b>1952</b> , and that death occurred at <b>1:15 p</b> m., from the causes and on the date stated above.					

<b>23. SIGNATURE</b> (Degree or title) <b>Lorena L. Harris M. D.</b>		<b>23b. ADDRESS</b> <b>2601 N Whittier St</b>		<b>23c. DATE SIGNED</b> <b>4-15-52</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b>		<b>24b. DATE</b> <b>Apr 18-52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>National Cem</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>St Lou Co Mo</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>APR 16 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith MD</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J. W. Hughes</b>		<b>ADDRESS</b> <b>2620 Lawton</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

APR 25 1952

NOV 6 1947

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 4681

P. O. Address 4923 Suburban

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.