

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29465**
7687

FILED SEP 5 - 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If rural, give location) 7310 Northmoor Drive.	

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) A. c. (Last) Gage			4. DATE OF DEATH (Month) (Day) (Year) Aug. 10 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 26, 1872		9. AGE (In years last birthday) 79		10. F UNDER 1 YEAR Months Days		11. F UNDER 100 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Memphis Tennessee				12. CITIZEN OF WHAT COUNTRY?			
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13a. FATHER'S NAME Dont Know				13b. MOTHER'S MAIDEN NAME Mary Glynn				14. NAME OF HUSBAND OR WIFE Wilton H. Gage Chicago, Ill			
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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. None				17. INFORMANT'S SIGNATURE OR NAME Chester A. Gage, 7310 Northmoor.				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION											
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction										INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES										2 days	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Arterio Sclerosis										5 years	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>			
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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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? 420 ft			
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22. I hereby certify that I attended the deceased from **August 9th 1952**, to **Aug 10th 1952** that I last saw the deceased alive on **August 10th 1952** and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Gallagher M.D.				23b. ADDRESS 390 3 Blue				23c. DATE SIGNED August 1952			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-13-1952		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. AUG 12 1952		REGISTRAR'S SIGNATURE J. Cash Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros.		ADDRESS 3320 N. Kingshighway	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 11 1953

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 _____

Fred Frick

Signed.....
Student Embalmer

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.