

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED SEP 3 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>7624</b>	
1. PLACE OF DEATH a. COUNTY <b>City - <del>St. Louis</del></b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2105</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Res. 3733 Lindell Blvd.</b>				d. STREET ADDRESS (If rural, give location) <b>79 3733 Lindell Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HADE</b>		b. (Middle) <b>CLIFFTON</b>		c. (Last) <b>GATES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 11, 1952</b>	
5. SEX <b>M. ♂</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 26, 1891</b>	
9. AGE (In years last birthday) <b>61</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Credit Adjuster</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Squatua Valley, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Pat Gates</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Alice M. Gates</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>WVI</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>WVI</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alice M. Gates 3733 Lindell Blvd</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial infarction</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 mos</b>	
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 <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>on August 20, 1952</b> , that I last saw the deceased alive on <b>Aug 10, 1952</b> , and that death occurred at <b>7:30 A</b> m., from the causes and on the date stated above.							
23. SIGNATURE <b>Olew Green MD of St Louis Mo</b> (Degree or title)				23b. ADDRESS		23c. DATE SIGNED <b>8-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>unknown</b>		24d. LOCATION (City, town, or county) (State) <b>Dallas, Texas</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 11 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Alexander &amp; Sons, Inc. 6175 Delmar</b>			

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

Dr. Drew Lutten 502  
3720 Washington Blvd.  
Je 2866  
Hrs. Mon. until 4:30 PM  
Tues. 11:30AM until 4PM

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.