

## STANDARD CERTIFICATE OF DEATH

State File No. 36389

NOV 12 1952

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 9480

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (In this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

2109

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3643 Sullivan Ave.

d. STREET ADDRESS (If rural, give location) 10 3643 Sullivan Ave.

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Elizabeth

b. (Middle)

c. (Last)

Gaither

4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1952

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

## 8. DATE OF BIRTH

Dec. 25, 1874

9. AGE (In years last birthday) 77

10. MONTHS 11. DAYS 12. HOURS 13. MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

## 13a. FATHER'S NAME

(unknown) Gaither

## 13b. MOTHER'S MAIDEN NAME

Alice Walsh

## 14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edmond Keller, 3643 Sullivan Ave.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Cerebral Apoplexy

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO 

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR

334X

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

10/16/52

24c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis, Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

PROVOST UND. CO., 3710 N. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

*Stanley H. Dixon*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4193*

P. O. Address *St. L.*

**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.