

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 19361 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 637

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crestwood</u>	
c. LENGTH OF STAY (in this place) <u>14 1/2 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1054 Etherton Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) c. (Last) <u>Gates</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Feb. 21st 1953</u>
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days <u>14</u>   <u>30</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Co, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>Charles Gates Jr</u>	13b. MOTHER'S MAIDEN NAME <u>Maxine L. Brickler</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maxine Gates</u>	ADDRESS <u>1054 Etherton Dr.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atalectasis, Congenital</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dilatation of Right Ventricle of Heart</u>			

19a. DATE OF OPERATION <u>2-22-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>3:15 7600</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>2-22-53 2:02 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from birth, 1953, to 2-22, 1953, that I last saw the deceased alive on 2-22, 1953, and that death occurred at 2:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Slattery Jr. M.D.</u>	(Degree or title)	23b. ADDRESS <u>4952 W. Maryland Ave.</u>	23c. DATE SIGNED <u>2-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/25/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-25-53</u>	REGISTRAR'S SIGNATURE <u>Hughes R. Domb - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>	ADDRESS <u>4107 Finney</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2005

FILED MAR 4 - 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

THOMAS J. GATES

working under my personal supervision.

Student Embalmer No. ....

Signed



Signed.....

Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.