

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19411**
4631
Registrar's No. _____

FILED JUN 1 - 1953

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. 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 _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 1 week		e. STREET ADDRESS (If rural, give location) 4515 Ashland Ave.		
d. FULL NAME OF HOSPITAL OR INSTITUTION. Christian Hospital		a. STREET ADDRESS 2109		
3. NAME OF DECEASED (Type or Print) George		a. (First) _____	b. (Middle) E.	c. (Last) Gates
4. DATE OF DEATH May 4, 1953.		4. DATE (Month) (Day) (Year)		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 8, 1879	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Western Union		11. BIRTHPLACE (City and State or Foreign Country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME unknown		
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mr. George Stoecklin
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema - operative		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease				
19a. DATE OF OPERATION 5-4-53	19b. MAJOR FINDINGS OF OPERATION Benign hypertrophy of prostate		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 610X		
22. I hereby certify that I attended the deceased from 4-27-53 , 19____, to 5-4-53 , 19____, that I last saw the deceased alive on 5-4-53 , 19____, and that death occurred at 3:30 P. M. , from the causes and on the date stated above.				
23a. SIGNATURE Edward M. Laurion		(Degree or title) M.D.	23b. ADDRESS 607 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 5-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-7-53.	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 J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		
MAY 7 1953		ADDRESS 2161 E. Fair		

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

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
Signature of Student Embalmer

Signed *Glen W. Hat*
D 37

Licensed Embalmer No.

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.