No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1953

State File No. 20132

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1423

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Robertson 4060
d. STREET ADDRESS (If rural, give location): Hall Ave

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Gaston

4. DATE OF DEATH (Month) (Day) (Year): May 21 1953

5. SEX: Male
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 15 Dec 1921
9. AGE (In years last birthday): 31 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Body Repairman
10b. KIND OF BUSINESS OR INDUSTRY: Automotive
11. BIRTHPLACE (City and State or Foreign Country): West Point Miss
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Randel Gaston
13b. MOTHER'S MAIDEN NAME: Sallie Davidson
14. NAME OF HUSBAND OR WIFE: Emma Gaston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 490-14-6952
17. INFORMANT'S SIGNATURE OR NAME: Emma Gaston, Robertson — **ADDRESS**: Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-inflicted gunshot wound of the abdomen suffered in yard of home in Robertson, Mo., when the double-barrel shotgun he was holding was discharged when he struck the stock of gun onto the ground. Brought to County Hospital by wife Emma and brother.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

400 9190

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP): Robertson — **(COUNTY)**: St. Louis — **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 22 '53 8:49 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Accidental shooting.

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Willmann
(Degree or title): Coroner
23b. ADDRESS: Clayton, St. Louis County, Mo.
23c. DATE SIGNED: 5-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 25 May 1953
24c. NAME OF CEMETERY OR CREMATORY: U.S. National
24d. LOCATION (City, town, or county) (State): Jeff Barks, Mo.

DATE REC'D BY LOCAL REG.: 5-23-53
REGISTRAR'S SIGNATURE: Herbert R. Daniels MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Boyd Bros, Kirkwood, Mo
(Licensed Embalmer's Statement on Reverse Side)

JUL 7 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 _____ Student Embalmer No. _____ working under my personal supervision.

Student ..... Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address St. Louis 13, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.