

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37198**

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9774**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison Ill. d. STREET ADDRESS (If rural, give location) 1031 Market - Madison	
3. NAME OF DECEASED a. (First) Matilda b. (Middle) _____ c. (Last) Gaines		4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1953	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 4, 1891	
9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months 2 Days 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (State or foreign country) L'p'p's, Louisiana		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Natha Monroe		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Widowed			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. V	
17. INFORMANT'S SIGNATURE OR NAME Carthon Harris		ADDRESS 1031 Market	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease & Particular Fibrillation 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. _____	
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? 443X			
22. I hereby certify that I attended the deceased from 9-28, 1953 , to 10-12, 1953 , that I last saw the deceased alive on 10-12, 1953 , and that death occurred at 8:45 P. m., from the causes and on the date stated above.			
23a. SIGNATURE _____ (Degree or title)		23b. ADDRESS 11 N. Jefferson St. St. Louis Mo.	
23c. DATE SIGNED 10-13-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-13-53	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) St. Louis, Illinois	
DATE REC'D BY LOCAL REG. OCT 13 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE W. C. Crigler		ADDRESS 1036 Tudor Ave. St. Louis Ill.	

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ben N. Balder

Licensed Embalmer No. 2470

P. O. Address O. Harris

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

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