

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1954

State File No. **38749**
9462
Registrar's No.

BIRTH NO. **81485-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis Mo		c. CITY OR TOWN Overland. 4 25X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian		d. STREET ADDRESS (If rural, give location) 10582 Maddox - 14	

3. NAME OF DECEASED (Type or Print) a. (First) Danny b. (Middle) Bruce c. (Last) Gaither			4. DATE OF DEATH (Month) (Day) (Year) Oct. 17. 54.		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH Oct. 17. 1954		9. AGE (In years last birthday) 3		IF UNDER 1 YEAR 17 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY NIL		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Alfred Leonard Gaither		13b. MOTHER'S MAIDEN NAME Mary Geraldine Albana		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME x Alfred L Gaither ADDRESS Overland 10582 Maddox.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY -			INTERVAL BETWEEN ONSET AND DEATH 3 Hours
		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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X	

22. I hereby certify that I attended the deceased from **17 Oct, 1954**, to **17 Oct, 1954**, that I last saw the deceased alive on **17 Oct, 1954**, and that death occurred at **9:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Frank L. Wrennath M.D. (Degree or title)		23b. ADDRESS Christian Hospital		23c. DATE SIGNED 17 Oct 54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-19-54		24c. NAME OF CEMETERY OR CREMATORY FEE FER. CEM.	
				24d. LOCATION (City, town, or county) (State) PATTONVILLE MO.	

DATE REC'D BY LOCAL REG. OCT 19 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Baumain Bros Inc ADDRESS 2504 W. 25th Overland Mo	
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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
Student Embalmer

Signed Oscar F Muller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo.

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.