

No. 300  
10-48

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2721

State File No. 554  
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. 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 town or township) St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hosp.		STREET ADDRESS (If rural, give location) 3033 a Cass Ave. 21190	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) A.	c. (Last) Gaines	4. DATE OF DEATH (Month) (Day) (Year) Jan 13 1956
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5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify) never married	8. DATE OF BIRTH 23 Aug. 1930	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Edward Gaines	13b. MOTHER'S MAIDEN NAME Viola Brown	14. NAME OF HUSBAND OR WIFE XXXXXXXX XXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes Korean	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Edward Gaines	ADDRESS 3033a Cass Ave.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage and shock from stab wounds, suffered while stabbed with knife in hands of one Hugh Nelson (cne)</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <b>you ally in rear of 1201 North Grand Blvd., about 1230 pm.</b>		
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 January 13th 1956	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Home</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., or office bldg., etc.) <b>alley</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 13 56/12:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E982x</b>
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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 **100P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>James M Kelly</b> (Doctor or other)	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>1-17-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>18 Jan. 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National (Jeff. Brks)</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JAN 17 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Reliable Funeral Svs.</b>	ADDRESS <b>1221 N. Taylor</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 Paul V. Freeman

Licensed Embalmer No. 4686  
P. O. Address 4719 Hamme

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.