

STANDARD CERTIFICATE OF DEATH

FILED APR 26 1956

State File No. **14575**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3664**

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

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 St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR St Louis	
c. LENGTH OF STAY (In this place) 40 Yr		d. STREET ADDRESS (If rural, give location) 2600 Whittier	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer Philips Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John H.	b. (Middle) H.	c. (Last) Gaines	4. DATE OF DEATH	(Month) 4	(Day) 10	(Year) 56
--	---------------------------	-----------------------	-------------------------	------------------	------------------	-----------------	------------------

5. SEX M	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
			Ab. 70					

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

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Deceased
--------------------------------------	---------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-20-7309	17. INFORMANT'S SIGNATURE OR NAME Dorothy Gaines Lee	ADDRESS 5102 Wabada
---	---	--	-------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombus of Abdominal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteria; Pulmonary DUE TO (c) Congestion; Generalized		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 454 X	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?
---	--	----------------------------

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 **10:55 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Attreck E. Taylor, M.D.	23b. ADDRESS 1301 Clark	23c. DATE SIGNED 4/12/56
--	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-17-56	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County Mo
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. APR 12 1956	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Hughes Funeral Home	ADDRESS 2620 Lawton
--	---	--	-------------------------------

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 James G. Carter

Licensed Embalmer No. 4687

P. O. Address St. Louis, 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.