

FILED JUL 2 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22240
 Registrar's No. 1513

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1513</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		c. CITY OR TOWN <u>Maryland Hghts</u>		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 <u>Enroute To County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.R. # 1 P.O. Box # 22</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>GAGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19, 1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>12-14-1953</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 31 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES GAGE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY GARRETT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>James Gage, Maryland Heights, Mo. R.R. # 1 P.O. Box # 22</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia due to drowning</u>							
INTERVAL BETWEEN ONSET AND DEATH _____							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
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. <u>9290</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>22</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Maryland Heights</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) <u>June 19 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Found by sister floating in 12 ft. water in well at home.</u>			
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 <u>Arnold J. Williams, Coroner</u>				23b. ADDRESS <u>Clayton, Missouri</u>		23c. DATE SIGNED <u>6-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-22-1956</u>		24c. NAME OF CEMETERY OR BURIAL PLACE <u>ST. MATTHEW'S CEME.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-21-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombek</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>McLAUGHLIN F.H., INC., 2301 Lafayette</u>			

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 *James R. Chapman*.....
Licensed Embalmer No. *458*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.