

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010936

STATE FILE NUMBER

2 2311

FILED MAR 20 1959

Registration District No.

Primary Registration District No.

Registrar's No.

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1-57
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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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hospital		Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 4266 Athlone Avenue,		Reside on Farm 15. <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARIE Middle C. Last GATES				4. DATE OF DEATH Month March Day 4th, Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 8th, 1894		9. AGE (In years at birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co.		11. BIRTHPLACE (City and state or country) St. Charles, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Gates			13b. MOTHER'S MAIDEN NAME Mary M. Tuckerman			14. NAME OF HUSBAND OR WIFE None	
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. Unknown		17. INFORMANT Address Mrs. Hubert Gates, 4266 Athlone Avenue, 15.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease DUE TO (c) decompensation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-0						INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 2-19-55 to 3-4-59 and last saw her alive on 2-27-59 Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE V. O. Frank. M. D. (Degree or title)				22b. ADDRESS 634 N. Grand St. Louis, Mo		22c. DATE SIGNED 3-5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor		23b. DATE 3/7/59	23c. NAME OF CEMETERY OR CREMATORY St. Charles Borromoo Cemetery, St. Charles, Missouri			23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR CALVIN F. FEOTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri.				25. DATE RECEIVED BY LOCAL REG. MAR 5 59		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Ralph C. Linder*

Licensed Embalmer No. *4225*

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.