WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28963

791

1003

File No. 7596

Registered No.

1. PLACE OF DEATH

County

Township St. Louis

City (No. City Hospital No.1 St. Ward)

Registration District No.

Primary Registration District No.

C. 5406

2. FULL NAME George Gaines

(a) Residence, No. 8300 Vulcan St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Gaines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Harrison Gaines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Margaret Vineyard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Hosp. Info M.Kent City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. TRINITY LUTH. CEM DATE Aug 12, 1937

19. UNDERTAKER (ADDRESS) C. HOFFMEISTER U.+L. Co. 7814 S BROADWAY

20. FILED AUG 11 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/20/37, 19, to 8/9/37, 19

I last saw him alive on 8/9/37, 19 Death is said to have occurred on the date stated above, at 2.30 p.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Farrington, M. D.

(Address) City Hospital No.1

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