

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8967

Registration District No. _____

791 Primary Registration District No. _____

1003 Registrar's No. 2377

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether
in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00021
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Hotel Plaza
3301 Olive (rural city location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas A. Gaines

3. (b) If veteran, name war Unknown 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation Typewriter repairs

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace 9
(City, town, or county) (State or foreign country)

14. Maiden name Leone Culpetter
(City, town, or county) (State or foreign country)

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora J. Heitzell

(b) Address 1363 Union Blvd.

17. (a) Burial (b) Date thereof Mar. 19, '41
(Burial, cremation, etc.) (Day) (Year)

(c) Place: burial or cremation Valencia

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAR 16 1941 (b) J. Breddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14,
year 1941 hour 3:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from February
24, 1941, to March 14, 1941
that I last saw him alive on March 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of pharynx about
and tongue 6 cm.

Due to Primary site in pharynx

Due to _____
Other conditions 458
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of pharynx
Of operations and tongue (biopsy)
Of autopsy Carcinoma of pharynx
and tongue

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) Means of injury 64 ft
While at work? _____ (Specify type of place)

23. Signature Edward H. Lyman (M. D. county)
Address 1515 Lafayette Ave. Date signed 3/14/41

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

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17
9

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Gas. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Delmar

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.