No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36569

Registration District No. DEC 22 1941 791 | Primary Registration District No. 1003 | Registrar's No. 8798

1. PLACE OF DEATH:

(a) County St Louis Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2202 Walnut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2202 Walnut St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arnetta Gains (Baby)
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Baby
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 11 (Month) 4 (Day) 1941 (Year)

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

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation —
11. Industry or business
FATHER
12. Name Tarrell Gains
13. Birthplace ? (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name Catherine Rutherford
15. Birthplace ? (City, town, or county) Ark. (State or foreign country)
16. (a) Informant Lovie Rutherford
(b) Address 2202 Walnut St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Ave
19. (a) NOV 6 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 5 day
year 2 hour 30 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 5 1941, to Nov. 5 1941;
that I last saw her alive on Nov. 5 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congenital Heart defect	
Due to Congenital Anamoly	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W A Young (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.