

DEC 22 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

36867

State File No. _____
Registrar's No. 9097

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 15 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17-21
(d) Street No. 2616a Olive St. (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th.
year 1941 hour 1:45 minute _____ p. M.
21. I hereby certify that I attended the deceased from Nov. 10
1941 to November 13th, 1941
that I last saw her alive on November 13th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Coma Duration 3

Due to _____
Due to Chronic Nephritis

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN 131
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature W. J. ... (M. D. or other) _____
Address 2316 ... Date signed _____

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

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3. (a) PRINT FULL NAME Mary R. Gayton

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

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

6. (b) Name of husband or wife George Gayton 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Feb. 17, 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Steven McCaskill

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

14. Maiden name Unavailable

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

16. (a) Informant Lily Gayton (b) Address 2611a Pine St.

17. (a) Burial (b) Date thereof 11-18-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. Gates (b) Address 4107 Finney Ave.

19. (a) NOV 17 1941 (b) J. T. ... (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

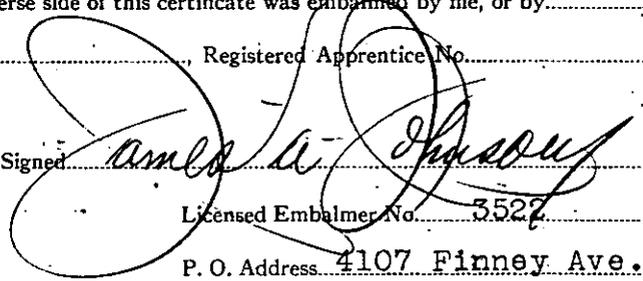
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3527

P. O. Address 4107 Finney Ave.

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.