

FILED APR 3 1942
Registration District No. 924

Primary Registration District No. 200

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

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9015 FOREST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS
(c) City or town OVERLAND
(If outside city or town limits, write "RURAL")
(d) Street No. 9015 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 45 years.

3. (a) PRINT FULL NAME ARTHUR GATES
(b) If veteran, name war X
(c) Social Security No. 482-18-6486

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
year 1942 hour 6:45 minute P M.
21. I hereby certify that I attended the deceased from June 2 1940 to March 31 1942
that I last saw him alive on March 31 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife BERTHA GATES (c) Age of husband or wife if alive 54 years
7. Birth date of deceased JUNE 24 1884
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 1 year
Due to Myocardial Regeneration 3 years
Due to Atherosclerosis 5 years
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 57 Months 9 Days 7 If less than one day _____ hr. _____ min.
9. Birthplace 4 ENGLAND
(City, town, or county) (State or foreign country)

Major findings: Of operations 938
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation BRICKLAYER
11. Industry or business CONTRACTOR
12. Name HENRY GATES
13. Birthplace 4 ENGLAND
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name SUSAN DAVENPORT
15. Birthplace 4 ENGLAND
(City, town, or county) (State or foreign country)
16. (a) Informant Bertha Gates
(b) Address 9015 Forest
17. (a) BURIAL (b) Date thereof 4/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Burial Park

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 _____
23. Signature Norman Hoeber (M. D. or other) MD
Address: 9621 Saddle Creek Rd Date signed 3-31-42

18. (a) Signature of funeral director Ortman Funeral Home
(b) Address 9322 Oakland Overland MO
19. (a) APR-2 1942 (b) Ch. McKeenan M. D.
(Date received local registrar) (Registrar's signature) uik

APR 23 1968

JUL 20 1968

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 Al C. Ortman

Licensed Embalmer No. 3478

P. O. Address

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, above space should be left blank.