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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16158

FILED JUN 22 1942

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5047

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5536 Waterman Ave
(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 Mo. (b) County

(c) City or town St/ Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5536 Waterman Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jeannette Block Gates

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Julius Gates

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 31, 1866
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	2	7	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Abraham Block
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Johannah Samuels
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Howard Schwarder
(b) Address 5536 Waterman Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.10.42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) JUN 10 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1942 hour 10 30 minute P. M.

21. I hereby certify that I attended the deceased from about 1937 to 6/7 1942
that I last saw her alive on 6/7 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Angina Pectoris	± 5 yrs
Due to Arterio-sclerotic Heart Disease	5 yrs
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 Arthur E. Strauss (M. D. or other) M.D.
Address 539 N. Grand. Date signed 6/8/42

(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. 3575

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, fact should be so stated above.