

OCT 27 1943

Registrar's No. 9235

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 2 mo - 12 days (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. R R # 12  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gaines, Margaret

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles A. Gaines 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Sept 17 - 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 1 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Daniel Statters  
13. Birthplace Rush N. Y.  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie Schuman  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles A. Gaines  
(b) Address R R # 12 Kirkwood  
17. (a) Burial (b) Date thereof 10-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Louis A. Coppola  
(b) Address Kirkwood Mo.

19. (a) OCT 20 1943 (b) J. T. Bredel  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17  
year 43 hour 10 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 8-6-  
1943 to 10-17- 1943  
that I last saw her alive on 10-17- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days

Due to 61

Other conditions Arteriosclerotic Ht Disease?  
(Include pregnancy within 3 months of death)

Major findings: Diabetes Mellitus PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature G. O. Brown (M. D. or other) D. M. D.  
Address 13255 Grand Date signed 10/18/43

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

9235

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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 Felix Durand

Licensed Embalmer No. 3534

P. O. Address Kukwood ms

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.