

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43549**

Registration District No. **1944**

Primary Registration District No. **3058**

Registrar's No. **203**

22
9
3

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles

(c) Name of hospital or institution: County's Home
(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 St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Thomas John Gained

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Nov 22 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>0</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace St. Louis Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name John Gained

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

14. Maiden name Elizabeth Mursley

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

16. (a) Informant Mrs. Anna Belle Rogers

(b) Address 1013 Pine, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem. Alto

18. (a) Signature of funeral director N. C. Dellmeyer

(b) Address 801 N. Second St. Charles Mo.

19. (a) 12-5-1943 (Date received local registrar) (b) Ernest E. Paul (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 9 1943 to Dec. 4 1943 that I last saw him live on Dec 3rd 1943, and that death occurred on the date and hour stated above.

Immediate cause of death _____

uraemia 2 wks.

Due to _____

Chc. Nephritis 10 yrs.

Other conditions Gen. Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

PHYSICIAN 1318

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? _____

23. Signature G. Perich Schindler M.D. (Specify type of place) (e) Means of injury _____

Address St. Charles Mo. Date signed 12/6/43

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 John B. Hallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles Mo,

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.