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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9084  
Registrar's No.

FILED NOV 7 1946  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 10da, 10hrs. 57M  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 21 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3061 Thomas St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Barbara Jeanne Gaston  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 28  
year 1946 hour 4 minute 45 A.M.  
21. I hereby certify that I attended the deceased from  
9-17-, 1946 to 9-28-, 1946  
that I last saw her alive on 9-28-, 1946  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Negro  
6. (a) Single, widowed, married, divorced 6  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased... 9 17 1946  
(Month) (Day) (Year)

Immediate cause of death.....  
Prematurity  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
10 10 hr. 57 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER  
12. Name Johnnie Gaston  
13. Birthplace Lula Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Stepaney  
15. Birthplace Shelby Miss.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Esther M. Sheward R.R.  
(b) Address 2601 N. Whittier St.

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?

17. (a) Burial (b) Date thereof OCT 24 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY

While at work?..... (Specify type of place)  
(e) Means of injury.....

18. (a) Signature of funeral director J. B. Hudson  
(b) Address City Health Dept

23. Signatur W. F. Purples (M. D. or other) 10-21-46  
Address 2601 N. Whittier St. Date signed

19. (a) OCT 24 1946 (b) J. F. Brebeck  
(Date received local registration) (Registrar's signature)

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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.....

Licensed Embalmer No.....

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.**