S. No. 2
M—2-43
5-17-39
I X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6302

Primary Registration District No. 1003

Registrar's No. 1492

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: The Peoples Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Alton
(If outside city or town limits, write "RURAL")

(d) Street No. 909 Rock Street NR 11
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Edgar Lee Gater

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Lenora Gater

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Oct. 15, 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	3	24	2 hr. 35 min.

9. Birthplace Oxford, Mississippi /
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture repairman

11. Industry or business Duncan Foundry

FATHER
12. Name Harp Gater
13. Birthplace Oxford, Mississippi /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosie Gibson
15. Birthplace Oxford, Mississippi /
(City, town, or county) (State or foreign country)

16. (a) Informant Lenora Gater
(b) Address 909 Rock Street, Alton, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/47
(Month) (Day) (Year)
(c) Place: burial or cremation Oakwood - Alton, Ill.

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street

19. (a) FEB 13 1947 (Date received local registrar) (b) J. F. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day Feb.
year 47 hour 2 minute 35 M.

21. I hereby certify that I attended the deceased from 1-29-47
19 to 2-4 1947
that I last saw her alive on 2-8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Tuber. Peritonitis &

Due to Neuleum

Tubercular Peritonitis & Undulant

Due to Tularemia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature W. C. Bridges (M. D. or other)

Address 941 N 8th St Date signed

(Licensed Embalmer's Statement on Reverse Side) W, C. Bridges

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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address St. Louis 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.