V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26344

FILED JUL 23 1947

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1518

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks 23, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 days (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair 999
(c) City or town Belleville 11
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country -

3. (a) PRINT FULL NAME GAIN, Bennie S

3. (b) If veteran, name war WW-1

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband or~~ wife Frieda Gain

6. (c) Age of ~~husband or~~ wife if alive 48 years

7. Birth date of deceased November (Month) 7 (Day) 1895 (Year)

8. AGE: Years 51 Months 8 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Dormstadt (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation ~~None~~ Miner

11. Industry or business -

FATHER
12. Name ~~Unknown~~ Henry Gain 4
13. Birthplace ~~Unknown~~ Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Unknown~~ Eliz Repple
15. Birthplace ~~Unknown~~ Marissa Ill (City, town, or county) (State or foreign country)

16. (a) Informant Registrar
(b) Address VAH. Jefferson Barracks, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-15-47 (Month) (Day) (Year)
(c) Place: burial Belleville, Illinois

18. (a) Signature of funeral director Gundloch & Co.
(b) Address Belleville, Illinois

19. (a) 7-15-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1947 hour 5:00 minute 45 a.M.

21. I hereby certify that I attended the deceased from 5-31-47, 19..., to 7-12-, 1947;
that I last saw him alive on July 12, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

Due to 9 3 d

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation

Of autopsy Autopsy performed (see cause of death)

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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

Signature L. E. Stilwell (M. D. ~~or other~~) 0
Address VAH, Jefferson Barrasks, Mo Date signed 7-12-47

Jefferson City Printing Co. (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 Edgar A. Baldwin

Licensed Embalmer No. 2846

P. O. Address Belleville Ill.

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.