FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36626

State File No. 8

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2267

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 89 Days (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St.Clair 999
(c) City or town Belleville, Illinois 1
(If outside city or town limits, write "RURAL")
(d) Street No. 406 S. Illinois Street 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, Lawrence P.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zita
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased 4/26/1891 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	6	2	hr. min.

9. Birthplace Dormstadt, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Henry Gain 4
13. Birthplace ~~Unknown~~ Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Repple
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Registrar, Vet.Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.
18. (a) Signature of funeral director Pete Gaerdner Fu.Home
(b) Address Belleville, Ill.
19. (a) 10-30-47 (Date received local registrar) (b) Cecile Sharp MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1947 hour 6:45 minute P.M.

21. I hereby certify that I attended the deceased from August 2, 1947, to October 28, 1947
that I last saw him alive on October 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Caranomotosis; Primary caranomosis, left lower bronchius & descending colon.
Due to Obstruction of common bile duct by tumorous nodes; Coronary ~~Due to~~ arteriosclerosis
Duration Unknown

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of death)

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? (Means of injury)

23. Signature L.E.STILWELL, (M. D. ~~or other~~)
Address Vet.Adm.Hosp. Jeff.Bks.Mo Date signed 10/28/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 6 1947

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. Body not embalmed.

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.