No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 22 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11048
Registrar's No. 662

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo.
(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: 7 mos. 10 days (Specify whether years, months or days)
In this community: 7 months - 10 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dent
(c) City or town: Salem
(If outside city or town limits, write "RURAL")
(d) Street No.: Box 462
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: GAINES, Jesse R.
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: Opal
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: February 26 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	12	hr. min.

9. Birthplace: Salem (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER
12. Name: Richard Gaines
13. Birthplace: Bradley County, Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Verlinia Nelson
15. Birthplace: Salem, Missouri (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: 3-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem, Missouri
18. (a) Signature of funeral director: A. H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) 3-10-48 (Date received local registrar) (b) Cecil A. Hoppe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 9 year: 1948 hour: 9:20 minute: A. M.
21. I hereby certify that I attended the deceased from May 28, 1947, to March 9, 1948; that I last saw him alive on March 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CIRRHOSIS OF LIVER (Laennec's Cirrhosis)	
~~Due to~~ Contributory cause: HYPERTENSIVE CARDIOVASCULAR ~~Due to~~ DISEASE	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 1/30/48 MAMMECTOMY (Left Breast)
Of autopsy: No Autopsy performed

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): None
(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:
23. Signature: L. E. Stilwell L. E. Stilwell
Address: Jefferson Barracks, Mo. Date signed: 3/9/48

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

DEC 14 1950

AUG 9 1950

MAR 22 1941

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.