No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14104
State File No.

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 3586

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 ST.LUKES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST.LOUIS,
(If outside city or town limits, write "RURAL")
(d) Street No. 5164 WASHINGTON BLVD.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM O. GATEWOOD.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased UNKNOWN (Month) (Day) (Year)
8. AGE: Years ABOUT 77 Months Days If less than one day hr. min.
9. Birthplace MEXICO (City, town, or county) Missouri (State or foreign country)
10. Usual occupation RETIRED;
11. Industry or business ATTORNEY.
FATHER 12. Name unknown GATEWOOD.
FATHER 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
MOTHER 15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS. G.W.RUDELL.
(b) Address 4902 MAFFETT PL.
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 4-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation ORE GROVE CREMATORY
18. (a) Signature of funeral director C.R.LUPTON & SONS.
(b) Address 7233 DELMAR BLVD.
19. (a) APR 14 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 13 year 1948 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from April 12 1948, to April 13 1948 that I last saw him alive on Apr 12 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Confirmed	

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)
(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 Sim F. Bean (M. D. or other) MD
Address 3720 Washington Date signed 4/14/48
SIM F. BEAN

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

JE-3426
1 to 5 P.M.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.