

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6228
1733

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1009		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis MO</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2744 LUCAS AVE</u>				d. STREET ADDRESS (If rural, give location) <u>2744 Lucas Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Gayton</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-49</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Not known about 62</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 100 Hrs. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Jennett, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Not known</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>			14. NAME OF HUSBAND OR WIFE <u>Charles Gayton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pearl Meredith 2744 Lucas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic Heart Disease</u> <u>Decubitus Ulcers</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H2O</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-28, 1948</u> , to <u>2-18, 1949</u> , that I last saw the deceased alive on <u>2-16, 1949</u> , and that death occurred at <u>8:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. E. Smith, M.D.</u>				23b. ADDRESS <u>111 N. Jefferson St Louis MO</u>		23c. DATE SIGNED <u>2-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>	
DATE REC'D BY LOCAL REG. <u>FEB 24 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Davater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. B. Beal and Co 2726 Lucas</u>			

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

1949 JUN 2 NMP

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed *Herbert J. Gardner* _____

Signed _____
Student Embalmer

Licensed Embalmer No. *4243* _____

P. O. Address *14 Weymouth* _____

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.