

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17272**
Registrar's No. **4282**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 11		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. ST. LOUIS 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL		d. STREET ADDRESS (If rural, give location) 119 EXCHANGE AVE. 2	

3. NAME OF DECEASED (Type or Print) CURTIS GATHING			4. DATE OF DEATH MAY 12, 1949			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH SEPT. 2, 1915	9. AGE (In years last birthday) 33	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ARMOUR'S FERTILIZER		11. BIRTHPLACE (State or foreign country) SCORBA, MISS!		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES GATHING		13b. MOTHER'S MAIDEN NAME ELLA CLAY		14. NAME OF HUSBAND OR WIFE GERTRUDE GATHING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Clara Turner ADDRESS 119 EXCHANGE	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute nephritis		INTERVAL BETWEEN ONSET AND DEATH 6 d 4 h
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Not known		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) 130 (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? 590Y	

22. I hereby certify that I attended the deceased from **4/15/49**, to **5/12, 1949**, that I last saw the deceased alive on **5/12, 1949** and that death occurred at **12A** m., from the causes and on the date stated above.

23a. SIGNATURE H. H. Roberts D. MD (Degree or title)		23b. ADDRESS 1421 Kans. E. St. Louis, Mo.		23c. DATE SIGNED 5/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) E. ST. LOUIS		24b. DATE MAY 1949		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) E. ST. LOUIS, ILL.		24e. (State) ILL.			

DATE REC'D BY LOCAL REG. MAY 13 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE P. J. Cigler's Funeral Home ADDRESS 1036 TUDOR	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MR
27
9

E. ST. LOUIS, ILL.

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address C. St. Louis

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.