

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18084**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1082**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>ST. LOUIS</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	a. STATE <b>ILLINOIS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANITE CITY</b>	b. COUNTY <b>MADISON</b>
		d. STREET ADDRESS (If rural, give location) <b>2001 ILLINOIS AVE.</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>NORMAN</b>	b. (Middle) <b>O.</b>	c. (Last) <b>GAINES</b>	(Month) <b>April</b>	(Day) <b>29</b>	(Year) <b>1949</b>
<b>5. SEX</b> Male <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Single	<b>8. DATE OF BIRTH</b> 5/13/1909		
<b>9. AGE</b> (In years last birthday) 39		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Laborer	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> ---	<b>11. BIRTHPLACE</b> (State or foreign country) Huntsville, Kentucky /	
			<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.A.		

<b>13a. FATHER'S NAME</b> Frank Gaines	<b>13b. MOTHER'S MAIDEN NAME</b> Edith Brasher	<b>14. NAME OF HUSBAND OR WIFE</b> None
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2	<b>16. SOCIAL SECURITY NO.</b> Unknown	<b>17. INFORMANT'S SIGNATURE OR NAME</b> EUGENE F. NOLAN, Registrar	<b>ADDRESS</b> VAH, Jefferson Barracks, Missouri
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION,</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalitis</b>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Broncho pneumonia, Fatty cirrhosis of liver</b>		<b>Unknown</b>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b) _____		DUE TO (c) _____	

<b>19a. DATE OF OPERATION</b> ---	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) None	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) None	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> -----
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) -----	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> -----

22. I hereby certify that I attended the deceased from April 26, 1949, to April 29, 1949, that I last saw the deceased alive on April 29, 1949, and that death occurred at 9:10 Pm., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>L.E. Stilwell</i> (Degree or title) <b>L.E. STILWELL, M.D., Chf. Prof. Services</b>	<b>23b. ADDRESS</b> Veterans Administration Hosp. Jefferson Barracks, Mo.	<b>23c. DATE SIGNED</b> 5/2/49
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial	<b>24b. DATE</b> 5-3-49	<b>24c. NAME OF CEMETERY OR CREMATORY</b> National	<b>24d. LOCATION</b> (City, town, or county) (State) Jefferson Barracks, Mo.
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<b>DATE REC'D BY LOCAL REG.</b> 5-3-49	<b>REGISTRAR'S SIGNATURE</b> <i>Richard L. Leung</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> G. Hoffmeister U. & L. Co.	<b>ADDRESS</b> 7814 So. Broadway - St. Louis, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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MAY 31 1945

JUN 17 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Harry J. Schumacher*

Licensed Embalmer No.

*2679*

P. O. Address

*7514 T. Broadway*

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.