

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21047

State File No. ....

Registrar's No. **4865**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. <b>4865</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>4475 Enright Avenue</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>			b. (Middle) _____			c. (Last) <b>Gates</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 29, 1949</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>abt. 1899</b>		9. AGE (In years last birthday) <b>abt. 50</b>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Watchman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Monarch Casket</b>		11. BIRTHPLACE (State or foreign country) <b>Loanoke Co., Arkansas</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Henry Gates</b>				13b. MOTHER'S MAIDEN NAME <b>Katie Smith</b>				14. NAME OF HUSBAND OR WIFE <b>None</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Julia Tatem, 1310 Wadsworth, Mich.</b>							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Remarriage in Lead</b>								INTERVAL BETWEEN ONSET AND DEATH _____	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bilateral Pyonephrosis</b>									
				DUE TO (c) <b>Nephros. Lithiasis; right</b>									
				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) _____		(STATE) <b>MO</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Car X</b>									
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:45 PM</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>Garib E. Daylar Chaud</b>						23b. ADDRESS <b>1300 Clark Avenue</b>			23c. DATE SIGNED <b>6-3-49</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/4/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>							
DATE REC'D BY LOCAL REG. <b>JUN 3 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Fasater</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. J. Gates, 4107 Finney Avenue</b>							

(Licensed Embalmer's Statement on Reverse Side)

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

*W. H. ...*

**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.

Signed *Thomas J. ...*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4257  
~~4257~~

P. O. Address 4107 Finney Avenue

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.