S. No. 300
v. 10.48

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

FILED JUL 30 1949

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

1003

State File No. 24803
Registrar's No. 6432

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

**1. PLACE OF DEATH**
a. COUNTY: 00
b. CITY OR TOWN: ST. LOUIS
c. LENGTH OF STAY (In this place): 8 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 00
c. CITY OR TOWN: St. Louis, Mo.
d. STREET ADDRESS (If rural, give location): 4107 West Pine

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Gaines

**4. DATE OF DEATH** (Month): 7 (Day): 23 (Year): 1949

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): ~~Married~~ Single
**8. DATE OF BIRTH**: Dec. 10, 1925
**9. AGE** (In years last birthday): 23
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): Student
**10b. KIND OF BUSINESS OR INDUSTRY**: Refrigeration
**11. BIRTHPLACE** (State or foreign country): Xenia, Ill.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Homer Gaines
**13b. MOTHER'S MAIDEN NAME**: Ruby Hillard
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown):
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs James Kapp
ADDRESS: 2906 Caroline, St. Louis

**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) Fracture left base of skull with Profuse hemorrhage

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) suffered when motorcycle operated by deceased, was struck

DUE TO (c) by Buick sedan driven by one

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Nellie Lee Harper (Col) at Intersection of Cardinal and Caroline about 1:45 pm July 23 1949 Criminal Carelessness on the part of N. L. Harper

INTERVAL BETWEEN ONSET AND DEATH:

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**20. AUTOPSY?** YES ☑ NO ☐

**21a. ACCIDENT, SUICIDE, HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
**21c. (CITY, TOWN, OR TOWNSHIP)** St. Louis (COUNTY) (STATE) Mo.
**21d. TIME OF INJURY** (Month): July (Day): 23 (Year): 49 (Hour): 1:45 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7:00 P. m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Alfred Perry Wyatt Coroner
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 7/25/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 7-25-49
**24c. NAME OF CEMETERY OR CREMATORY**: Lisne Cemetery
**24d. LOCATION** (City, town, or county) (State): Lisne, Ill.

DATE REC'D BY LOCAL REG. JUL 25 1949
REGISTRAR'S SIGNATURE: L B Lasater
**25. FUNERAL DIRECTOR'S SIGNATURE**: Bull-Campbell Mortuary
ADDRESS: 4215 Lindell

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1949

Born
Dec 10 - 1925
July 27 - 1949
Mother Ruby Hilliard
Xenia
Mrs [illegible] Kupp

Dec - 9933

2906 Caroline

**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 Rex E. Campbell

Licensed Embalmer No. 3881

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.