

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21531**
5311
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 21531													
REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 21531		Registrar's No. 5311													
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) St. Louis Mo				c. LENGTH OF STAY (in the place) 6 days				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2189											
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				18 STREET ADDRESS 3033 La Salle				0											
3. NAME OF DECEASED (Type or Print) Ned				a. (First)		b. (Middle)		c. (Last) Gaines		4. DATE OF DEATH (Month) (Day) (Year) June 15 1950									
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Jan. 2, 1866		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Days 5		11. IF UNDER 1 MIN. Hours 13							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY American Steel				11. BIRTHPLACE (State or foreign country) Greenville, Miss. /				12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Deceased											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Ned Gaines Jr.				ADDRESS							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydronephrosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Prostatic Hypertrophy								INTERVAL BETWEEN ONSET AND DEATH Undet.							
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)											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 15 1950 12:47 PM				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 651X											
I hereby certify that I attended the deceased from 6-9 , 1950, to 6-15 , 1950, that I last saw the deceased alive on 6-15 , 1950, and that death occurred at 12:47 PM , from the causes and on the date stated above.								22. SIGNATURE (Degree or title) Miss T. Hedrick, M.D.				23b. ADDRESS 2601 N Whittier St				23c. DATE SIGNED 6-16-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE June 19, '50				24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Mo							
DATE REC'D BY LOCAL REG. JUN 17 1950				REGISTRAR'S SIGNATURE J. B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE W. J. Nash				ADDRESS 3849 Page							

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

C. G. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. *2400*

P. O. Address *384 1/2 Ave*

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.

206-4480-10/12/13