

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31653

7784

No. 300

10-48

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri.)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		21st	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res: 245 Union Boulevard.				d. STREET ADDRESS (If rural, give location) #245 Union Boulevard,			
3. NAME OF DECEASED (Type or Print)		a. (First) ARCHIE		b. (Middle) DELMAR		c. (Last) GATES.	
4. DATE OF DEATH		(Month) (Day) (Year)		Sep't 13, 1950.			
5. SEX Male. <input checked="" type="radio"/>		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH December 17, 1884.	
9. AGE (In years last birthday) 65.		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Operator.. owner of Gatesworth Hotel.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) David City, Nebraska./	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Wilson S. Gates..			13b. MOTHER'S MAIDEN NAME Harriett Bowlby.			14. NAME OF HUSBAND OR WIFE Blanche F. Gates.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. 494-10-5626		17. INFORMANT'S SIGNATURE OR NAME Mrs Blanche F. Gates.. Gatesworth Hotel.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Accident				INTERVAL BETWEEN ONSET AND DEATH 9 mos 5 yrs. 10 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4200			
22. I hereby certify that I attended the deceased from Feb 1942, to Sept 13, 1950, that I last saw the deceased alive on Sept 11, 1950, and that death occurred at 4:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Daniel L. Sexton				23b. ADDRESS M.D. 607 N. Grand Ave		23c. DATE SIGNED 9-14-50	
24a. BURIAL, CREMATION, REMOVAL, ENTOMBMENT Entombment		24b. DATE 9/16/50.		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum..		24d. LOCATION (City, town, or county) (State) 7800 St. Charles Road, Local.	
DATE REC'D BY LOCAL REG. SEP 14 1950		REGISTRAR'S SIGNATURE J.P. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons.. 7233 Delmar Blvd.,			

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed Arnold W. Schoene.....

Licensed Embalmer No. 3864.....

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.