

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38512
9648

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 OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST LOUIS		2209			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2624 HOWARD				d. STREET ADDRESS (If rural, give location) 2624 HOWARD ST					
3. NAME OF DECEASED (Type or Print) JOSEPHINE			a. (First)		b. (Middle) GATES		c. (Last)		
4. DATE OF DEATH 11-12-50		(Month)		(Day)		(Year)			
5. SEX F 3		6. COLOR OR RACE COL.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW ✓		8. DATE OF BIRTH 1-1-1862			
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 10		IF UNDER 1 YEAR Days 13		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maids</i>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MISS.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME JERRY JACKSON			13b. MOTHER'S MAIDEN NAME MILDRED		14. NAME OF HUSBAND OR WIFE JAMES GATES				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Callie Terry 2624 Howard					
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) Arterio sclerosis				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) Senility				DUE TO (c) _____				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 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) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>4500</i>							
22. I hereby certify that I attended the deceased from <i>Sept 1950</i> , to <i>Nov 12, 1950</i> , that I last saw the deceased alive on <i>Nov 12, 1950</i> , and that death occurred at <i>3:58 a.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>H. Washell</i> (Degree or title) _____			23b. ADDRESS <i>4270 E. Finney</i>			23c. DATE SIGNED <i>Nov 13/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <i>11-18-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>WASHINGTON PARK</i>		24d. LOCATION (City, town, or county) <i>ST LOUIS CO. MO.</i> (State) _____			
DATE REC'D BY LOCAL REG. <i>NOV 14 1950</i>		REGISTRAR'S SIGNATURE <i>B. Lancaster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>R. E. Walton</i>		ADDRESS <i>2707 S. Dufford</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hesliard

Licensed Embalmer No. 4221

P. O. Address 4049 St. Jude

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.