

FEB 12 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 42262

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10874</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>16</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips</b>				21. STREET ADDRESS (If rural, give location) <b>11 no Jefferson ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward H</b>		b. (Middle) <b>Gaines</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>12.17. 1950</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>7.4.1896</b>	
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>wackman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Terrahute Ind</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Marylu <del>Gaines</del> Gaines</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes War one 1918</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Edna Stevens 3113 Franklin ave</b> ADDRESS _____			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage Bullet wound of Aorta inflicted at the hands of party or parties unknown around 2:30 am Dec 17 1950</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>					
		DUE TO (b) _____					
		DUE TO (c) <b>in front of 3418 Law Ave</b>					
		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Hemorrhage</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec 17 5. 230 A m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E981X</b>			
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 <b>2:30 A m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Allen Dailos</b> (Degree or title) _____				23b. ADDRESS <b>3300 Cherokee</b>		23. DATE SIGNED <b>12.22.50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>1</b>		24b. DATE <b>12.22.1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis</b>	
DATE REC'D BY LOCAL REG. <b>DEC 20 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Dailos</b> ADDRESS <b>3506 Franklin ave</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**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.