

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14157
4065

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2249	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1004 Lynch Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1004 Lynch Street</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>			a. (First)		b. (Middle)		c. (Last) <u>Gwaltney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 - 1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Jan. 9 - 1868</u>			9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 24 HRS. Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>				11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>W. J. Gwaltney</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Annie (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Gwaltney</u>	
				ADDRESS <u>1004 Lynch Str.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 Minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				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 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? <u>4201</u>			

22. I hereby certify that I attended the deceased from Aug 3, 1949, to April 28, 1951, that I last saw the deceased alive on April 28, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Willard S. Nash</u>		(Degree or title)		23b. ADDRESS <u>1829 S 18th St. St. Louis Mo</u>		23c. DATE SIGNED <u>4/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION (Bloomfield, Mo.)</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>APR 30 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Laonte</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u>		ADDRESS <u>2301 Lafayette Av</u>	
--	--	--	--	---	--	-------------------------------------	--

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

Dr. Willard Nash, D.O.
18th + Geyer Stves.
Si 0036

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.....

R. P. Cooper

Licensed Embalmer No.

3633

P. O. Address.....

2317 Lafayette

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.