No. 300
10-48

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18936

BIRTH NO. _____ REG. DIST. NO. 017 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2088

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place): 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 604 BONITA AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES 4607
d. STREET ADDRESS (If rural, give location): 604 BONITA AVE

3. NAME OF DECEASED (Type or Print): a. (First) ISAAC b. (Middle) ALLISON c. (Last) GAINES
4. DATE OF DEATH (Month) (Day) (Year): 5-5-1951
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2-25-1869
9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRINCIPAL
10b. KIND OF BUSINESS OR INDUSTRY: SCHOOL (RETIRED)
11. BIRTHPLACE (State or foreign country): TENN.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Wm HENRY H. GAINES
13b. MOTHER'S MAIDEN NAME: ELIZABETH ALLISON
14. NAME OF HUSBAND OR WIFE: KATHERINE GAINES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Quentin M Gaines | ADDRESS:

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio-Vascular Renal — 12 years

DUE TO (c) Arterio-sclerosis — 12 years

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: 420.1
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1939, *to* May 5, 1951, *that I last saw the deceased alive on* May 5, 1951, *and that death occurred at* 6:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Quentin M. Gaines (Degree or title): MD
23b. ADDRESS: Kirkwood Mo
23c. DATE SIGNED: 5/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-7-1951
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEM.
24d. LOCATION (City, town, or county) (State): KIRKWOOD MO

DATE REC'D BY LOCAL REG.: 5-7-51
REGISTRAR'S SIGNATURE: Robert R. Dompe MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Parker-Aldrich & Home - Webster Groves Mo.

(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 Leslie Welch

Licensed Embalmer No. #395

P. O. Address Lafayette Funeral Home

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.