

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24610

FILED AUG 7 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6717

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 914 BAYARD		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) _____ c. (Last) Gay			4. DATE OF DEATH (Month) (Day) (Year) 7 25 51		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid	8. DATE OF BIRTH JUNE 25 1886		9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Ala.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME FRANK GAY		13b. MOTHER'S MAIDEN NAME Lily	
14. NAME OF HUSBAND OR WIFE LULA GAY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME THEO. GAY		18. 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, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Disease with Multiple Decubiti					
INTERVAL BETWEEN ONSET AND DEATH Undet.					
ANTECEDENT CAUSES DUE TO (b) Undetermined Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) None					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X	
22. I hereby certify that I attended the deceased from 3-26-51 , 1951, to 7-25 , 1951, that I last saw the deceased alive on 7-25 , 1951, and that death occurred at 9:55a m., from the causes and on the date stated above.					
23a. SIGNATURE Frank E. Woodman M. D.			23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 7-25-51
24a. BURIAL, CREMATION, REMOVAL (Specify) n		24b. DATE 7-30-51	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.		24d. LOCATION (City, town, or county) (State) WELLSFORD ST. LO. CO. MO
DATE REC'D BY LOCAL REG. JUL 27 1951		REGISTRAR'S SIGNATURE J. B. Jasater		25. FUNERAL DIRECTOR'S SIGNATURE Walter	
				ADDRESS 2707 Stoddard St	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arthur P. Holliday

Signed.....
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4740th Coffey*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.