

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18005

State File No.

~~FILED~~ MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4394**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2117	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4214 FINNEY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4214 FINNEY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO	
3. NAME OF DECEASED a. (First) PATSI E b. (Middle) c. (Last) GAINES		4. DATE OF DEATH (Month) (Day) (Year) 5 8 52	
5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 6 1890
9. AGE (In years last birthday) 61		10. KIND OF BUSINESS OR INDUSTRY MAID	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME DODY REED	
13b. MOTHER'S MAIDEN NAME MINNIE BAILEY		14. NAME OF HUSBAND OR WIFE MARSHALL MOSE GAINES	
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 Martha Bailey		ADDRESS 4214 FINNEY	
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic hypertension 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 H15 X			
22. I hereby certify that I attended the deceased from May 7 , 1952, to May 8 , 1952, that I last saw the deceased alive on May 8 , 1952, and that death occurred at 11 4 m., from the causes and on the date stated above.			
23a. SIGNATURE Martha Bailey (Degree or title)		23b. ADDRESS 3000 a Easton Ave	
23c. DATE SIGNED 5-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-12-52	
24c. NAME OF CEMETERY OR CREMATORY GREENWOOD		24d. LOCATION (City, town, or county), (State) ST. LOUIS, MO	
DATE REC'D BY LOCAL REG. MAY 12 1952		REGISTRAR'S SIGNATURE Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. F. Walton		ADDRESS 2707 STODDARD	

(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. Heilbard

Licensed Embalmer No. 4291

P. O. Address 4524 Aldene

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.