

FILED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1952
State File No. 149

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>1 Hour</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Pool Ashley</u>		d. STREET ADDRESS (If rural, give location) <u>3932-W Belle Plaine</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Richard</u> c. (Last) <u>Gaines</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 26-1934</u>
9. AGE (In years last birthday) <u>17</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u> Hours <u>0</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>Queen Sales</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George D. Gaines</u>		13b. MOTHER'S MAIDEN NAME <u>Mattha Rockette</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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. <u>489-34-4920</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. D. Gaines</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Drowning</u>		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> ANTECEDENT CAUSES <u>Accidental</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. <u>E9299</u> <u>42</u>	
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) <u>121</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 15 62 8:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>Swimming</u>	
22. I hereby certify that I attended the deceased from <u>June 15, 1952</u> , to <u>June 15, 1952</u> , that I last saw the deceased alive on <u>June 15, 1952</u> , and that death occurred at <u>8:30 pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William A. Cox, M.D.</u>		23b. ADDRESS <u>125 E. High St. Jefferson City</u>	
23c. DATE SIGNED <u>June 16/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>June 16 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James James</u>	
DATE REC'D BY LOCAL REG. <u>June 17-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>	
25. ADDRESS <u>207</u>			

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

6501 8 700

JAN 19 1957

301 2 15

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 *J. K. Mulvaney*

Licensed Embalmer No. 3641

P. O. Address Jeno.

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.