

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25799

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6622

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Pac. Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
		d. STREET ADDRESS (If rural, give location) <u>2327 Walker drive</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Henry</u>		7 - 8 - 52	
b. (Middle) <u>Cornelius</u>			
c. (Last) <u>Gaines</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 1881</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Gaines</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Swazey</u>	
14. NAME OF HUSBAND OR WIFE <u>Wella Gaines</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry M. Gaines</u>		ADDRESS <u>2327 Walker Dr.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>H. S. H. D.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Ventricular fibrillation</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>6-27</u> , 19 <u>52</u> to <u>7-8</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>7-8</u> , 19 <u>52</u> , and that death occurred at <u>12:55</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Mo Pac Hosp</u>	
23c. DATE SIGNED <u>7-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-10-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUL 8 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Diedrich F. Hume</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>8314 Halls Ferry</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JUL 5 1962

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 *Eleanore Province*

Licensed Embalmer No. *3403*

P. O. Address *St. Louis Mo.*

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.