No. 300
10-48

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

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30247

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2106

1. PLACE OF DEATH
a. COUNTY St. Louis County, Mo. 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (In this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis 4002
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Berkely 0
d. STREET ADDRESS (If rural, give location) 6004 Jackson Stewood, Clayton, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle)
c. (Last) Gaither

4. DATE OF DEATH (Month) August (Day) 6 (Year) 52

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Arpil 29, 1926

9. AGE (In years last birthday) 26 | 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) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY Weber Const. Co.

11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Gaither

13b. MOTHER'S MAIDEN NAME Mary Golden

14. NAME OF HUSBAND OR WIFE Rose Gaither

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO. 495-22-1922

17. INFORMANT'S SIGNATURE OR NAME Rose M. Gaither, Berkeley, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral concussion — INTERVAL BETWEEN ONSET AND DEATH 11 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) E8164
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures 26 — 11 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 400

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis County, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7/26/52 1:40 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Blunt Impact

22. *I hereby certify that I attended the deceased from* 7-26, 1952, *to* 8-6-, 1952, *that I last saw the deceased alive on* 8-6-, 1952, *and that death occurred at* 10:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Glenn E. Talboy (Degree or title) M.D.

23b. ADDRESS 5017 Northland.

23c. DATE SIGNED 8/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/9/52

24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 8/7/52

REGISTRAR'S SIGNATURE Herbert E. Donker MD

25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

WRITE PLAINLY—USING UNFADING INK

DUE TO (c)

case, injury, or complication which caused death.

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 ☐ 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/9/52

24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 8-7-52

REGISTRAR'S SIGNATURE: Herbert R. Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Chapel, Ferugosn, Mo.

SW

(Licensed Embalmer's Statement on Reverse Side)

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

1952 S-30247

Signed L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, K

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.