FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44754

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3136

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): (Rural) Koch
c. LENGTH OF STAY (In this place): 853 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
d. STREET ADDRESS (If rural, give location): 2621 LUCAS 2219

3. NAME OF DECEASED (Type or Print): a. (First) JERRY b. (Middle) — c. (Last) GAINES
4. DATE OF DEATH (Month) (Day) (Year): Dec 7 1953
5. SEX: M
6. COLOR OR RACE: N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: Sept 2 1888
9. AGE (In years last birthday): 65 — 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): PORTER
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (City and State or Foreign Country): OKLAHOMA
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: EDWARD GAINES
13b. MOTHER'S MAIDEN NAME: LAURA WILLIAMS
14. NAME OF HUSBAND OR WIFE: NORA GRAY (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W I
16. SOCIAL SECURITY NO.: 492-10-1824
17. INFORMANT'S SIGNATURE OR NAME: Hospital Record ADDRESS: KOCH Mo

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) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Feb 1951

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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: 002 X
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* Dec 7, 1951, *to* Dec 7, 1953, *that I last saw the deceased alive on* Dec 7, 1953, *and that death occurred at* 450A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank Cohen (Degree or title) M.D.
23b. ADDRESS: Robert Koch Hosp. Koch Mo
23c. DATE SIGNED: Dec 7/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/11/53
24c. NAME OF CEMETERY OR CREMATORY: National-Jeff. Brks.
24d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: A. D. Richardson ADDRESS: 2625 Glasgow

52W (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 Andrew Richardson

Licensed Embalmer No. 4858

P. O. Address 2625 Glasgow

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.