

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32413

State File No.

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 541 Registrar's No. 2014

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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>Clayton</u>		c. CITY OR TOWN <u>Overland</u>	
c. LENGTH OF STAY (in this place) <u>18 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		STREET ADDRESS (If rural, give location) <u>10562 Wecker Ave.</u>	

3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Murray</u> c. (Last) <u>Gaither</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 19 54</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Apr. 23-1950</u>	9. AGE (in years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>3</u> Days _____ Hours _____ Mins. _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mail</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</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>Joseph J. Gaither</u>	13b. MOTHER'S MAIDEN NAME <u>Rose M. Weckerlin</u>	14. NAME OF HUSBAND OR WIFE <u>x x NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose M. Gaither</u>	ADDRESS <u>10562 Wecker Overland, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Status Epilepticus, purulent meningitis</u>		
	DUE TO (c) <u>Undiagnosed neurological disease</u>		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-2-, 1954, to 8-19, 1954, that I last saw the deceased alive on 8-19, 1954, and that death occurred at 10:25 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Johnson, M.D.</u>	23b. ADDRESS <u>601 So. Brentwood</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Free Free Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pattersonville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/20/54</u>	REGISTRAR'S SIGNATURE <u>Robert S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stummann, Mrs. J...</u>	ADDRESS <u>506 Woodson Rd - Overland, Mo</u>
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WRITE PLAINLY—USING UNEADING 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.....
Signature of Student Embalmer

Signed *David C. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Overland*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.