FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35524
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8645

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSPITAL #1. — Length of stay in 1b 2 10/8

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Saint Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4212 W. Ashland Apt. 17 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CURTIS Middle G. Last GAINES
4. DATE OF DEATH Month SEPT, Day 15, Year 1956

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 14, 1915
9. AGE (In years last birthday) 41 — 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) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Paris, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Houston Byrd
14. MOTHER'S MAIDEN NAME Willie Cornell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WORLD WAR 11
16. SOCIAL SECURITY NO. 492-03-1082
17. INFORMANT Ondray Gray Address 3944 Aldine Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malignant Hypertension 445X
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/1/56, to 9/15/56 and last saw her/him alive on 9/15/56
Death occurred at 7:15 P.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Hogansamp, M.D.
22b. ADDRESS 1515 LAFAYETTE AVE.
22c. DATE SIGNED 9/17/56.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-20-56
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson Barrack, Mo.

24. FUNERAL DIRECTOR ADDRESS Metropolitan Funeral System, Inc. 5010 Enright
25. DATE RECD. BY LOCAL REG. SEP 19 1956
26. REGISTRAR'S SIGNATURE J. Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

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0
300
1-56

...diseases in Part II must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Heilliar

Licensed Embalmer No. 4

P. O. Address 4107

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.