

FILED OCT 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 35530

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8827

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</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>Home</u>			
STREET ADDRESS (If rural, give location) <u>20670 4837 MAFFITT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ABRAHAM</u> b. (Middle) <u>Lincoln</u> c. (Last) <u>Gates</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22-1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Mar 4 1890</u>
9. AGE (In years last birthday) <u>66</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Yazoo City Miss</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		

13a. FATHER'S NAME <u>Flander Gates</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	13c. NAME OF HUSBAND OR WIFE <u>Lucille B. Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucille B. Jones</u> ADDRESS <u>4837 MAFFITT</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE HEART DISEASE.</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>UNDETERMINED</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION, ESSENTIAL</u>		
	DUE TO (c) <u>ARTERIOSCLEROSIS GENERALIZED</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>			

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 1956, to SEPT. 22 1956, that I last saw the deceased alive on SEPT. 22, 1956, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Newton Jenkins M.D.</u> (Degree or title)	23b. ADDRESS <u>3507 Franklin Ave St Louis</u>	23c. DATE SIGNED <u>9-24-56</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 27 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Canton Miss</u>
24d. LOCATION (City, town, or county) <u>Canton</u>		(State) <u>Miss</u>

DATE REC'D BY LOCAL REG. <u>SEP 25 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Price Benevolent Order of Friends</u>	ADDRESS <u>2829 Washington</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 *Williams R. Wallace*

Licensed Embalmer No. *7920*

P. O. Address *4554 Lejour 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.