S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031236
State File No.

FILED AUG 22 1958
BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2143

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

1. PLACE OF DEATH
a. COUNTY St. Louis Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferguson
c. LENGTH OF STAY (in this place) 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hilltop House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Wellston 4301
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1113 Delaware

3. NAME OF DECEASED (Type or Print)
a. (First) THELMA b. (Middle) MARIE c. (Last) GATLIN
THELMA GATLIN

4. DATE OF DEATH (Month) (Day) (Year) August 16, 1958

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 3, 1914
9. AGE (In years last birthday) 43 — 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) Tool Grinder
10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric
11. BIRTHPLACE (City and State or Foreign Country) Doniphan, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Henry Gatlin
13b. MOTHER'S MAIDEN NAME Hattie Price
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-14-5684
17. INFORMANT'S SIGNATURE OR NAME Loretta Bonzo ADDRESS 6129 Surburban

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) CYST OF BRAIN — INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS

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. 223X

19a. DATE OF OPERATION 3-11-58
19b. MAJOR FINDINGS OF OPERATION PARA Encephalic cyst
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* Aug. 1, 1958, *to* Aug. 16, 1958, *that I last saw the deceased alive on* 8/15, 1958 *and that death occurred at* 7 39 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Walter J. Kutnyk M.D.
23b. ADDRESS 6000 W. FLORISSANT
23c. DATE SIGNED 8/16/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 19, 1958
24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens
24d. LOCATION (City, town, or county) St. Louis Co. (State) MO.

DATE REC'D BY LOCAL REG. 8-16-58
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home ADDRESS 1167 Hamilton

(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 embalm

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

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Elton R. H. Renelius

Licensed Embalmer No. 428

P. O. Address St. Louis

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