

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033652
8798 STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b	c. CITY OR TOWN East St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 713 North 85th Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EMIL N. GAY			4. DATE OF DEATH Month Day Year 8-29-63
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-27-95
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cher		10b. KIND OF BUSINESS OR INDUSTRY Hotels and clubs	11. BIRTHPLACE (City and state or country) Dublin, Georgia
13a. FATHER'S NAME Grant Gay		13b. MOTHER'S MAIDEN NAME Mattie Daniels	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		17. INFORMANT Address Anna Gay (Wife) See #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) 443X			INTERVAL BETWEEN ONSET AND DEATH 1 hr. 15 min years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-28-63 to 8-29-63 and last saw him alive on 8-29-63 Death occurred at 10:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert M. Demati, M.D. (Degree or title)		22b. ADDRESS VAH ST. LOUIS, MO.	22c. DATE SIGNED 8-29-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-1-63	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
24. FUNERAL DIRECTOR C.G. Kurrus Jr. ADDRESS East St. Louis, Ill.		23d. LOCATION (City, town, or county) Collinsville, Ill. Illinois.	25. DATE RECD. BY LOCAL REG. AUG 31 1963
		26. REGISTRAR'S SIGNATURE Paul Smith, M.D.	

VS 300
Rev. 4/59

1
2 **8120**
3
4 **0**
5 **1**
6
7 **1**
8 **1**
9
10
11
12 **83-1**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

83

NOV 5 1963

STATEMENT BY LICENSED EMBALMER

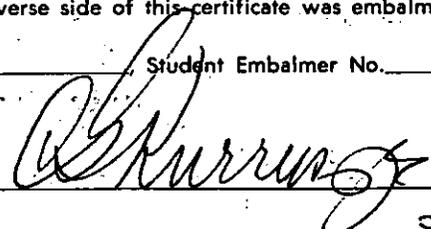
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 2162

P. O. Address Est. Davis Ill.

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.