

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

938

Do not use this space.

938

## 1. PLACE OF DEATH

(a) County ..... Registration District No. *7*  
(b) Township ..... Primary Registration District No. ....  
(c) City *St. Louis, Mo.* (d) Street No. *3629 Cottage Ave.* St. *991*  
(If death occurred in Hospital or Institution, write its name instead of street and number) *1003*  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

*AND* LOUIS GAY  
(a) Residence, No. *3629 Cottage Ave.* St. *11*  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Teresa Gay*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 4, 1879*  
7. AGE YEARS *59* MONTHS *11* DAYS *25* If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Clerk*  
9. Industry or business in which work was done, as saw mill, bank, etc. *Retired*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy* *7*

FATHER 13. NAME *Joe Gay* *7*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy* *7*

MOTHER 15. MAIDEN NAME *Caroline Costa*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

17. INFORMANT *Teresa Gay*  
(ADDRESS) *3629 Cottage*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Benld Ill* DATE *Feb 1* 19*39*

19. FUNERAL DIRECTOR *A Kron & Co*  
(ADDRESS) *2707 W Grand Blvd*

20. FILED *JAN 30 1939* *J. B. Bredeck*  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 29, 1939*  
22. I HEREBY CERTIFY, That I attended deceased from *Nov 8* 19*38* to *Jan 29* 19*39*  
I last saw him alive on *Jan 28* 19*39* at *12:21* p.m. Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

*Cancer of Stomach* Date of onset *4 mo.*

Other contributory causes of importance: *1 mo.*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *X-rays* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify. *John McDear* M. D.  
(Signed) *J. B. Bredeck*  
(Address) *816 Metropolitan Bldg*

STATEMENT BY LICENSED EMBALMER

I, Paul F. Hollenberg, Licensed Embalmer No. 2631

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by.....Registered Apprentice No.....  
working under my personal supervision.

Signed Paul F. Hollenberg  
Licensed Embalmer No. 2631

**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.)**