

1939 APR 12 1939

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

9243  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis, Missouri** (d) Street No. **5411 South Compton** St. **3008**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

D. **8954**  
2. PRINT FULL NAME **520 Alice Gamache**  
(a) Residence, No. **5411 South Compton** (Usual place of abode, if no street address, write county or city) **151** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late Joseph Gamache**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 27, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**61 1 2**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **nil**  
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) **St. Louis, Missouri**

FATHER 13. NAME **Frank Moorehouse**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Mary La Camph**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Paul Chyd** DATE **2/1/39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Southern Funeral Home**  
**6322 South Grand Blvd.**

20. FILE **MAR 30 1939** **J. D. Brundick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/29/39** 19

22. I HEREBY CERTIFY, That I attended deceased from **9/19/38** to **3/29/39**, 19...  
I last saw her **her** alive on **3/29/39**, 19... Death is said to have occurred on the date stated above, at **6 p** m.

The principal cause of death and related causes of importance were as follows:

**Carcinoma of cervix uteri**

Date of onset

Other contributory causes of importance:

**Disroticulous sceleris  
Hypertrophic arthritis**

Name of operation **None** Date of...  
What test confirmed diagnosis? **Biopsy** 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?  
Yes, specify

(Signed) **A. R. E. W.** M. D.  
(Address) **City Hospital No. 1**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, .....

*FRANK LUDWIG*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Frank Ludwig*

Licensed Embalmer No.....

*2507*

P. O. Address.....

*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 this body is not embalmed, above space should be left blank.