REC'D MAY 10 1939

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

13530
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No.

(b) Township or (c) City of St. Louis 1 Primary Registration District No. Registered No. 3872

(d) Street No. Enroute City Hosp. #1 St.
(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.

2. PRINT FULL NAME 514 Charles F. Gamble

(a) Residence, No. 330 Russell St. 23
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Florence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14, 1910

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc. Unemp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Vineland
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Matthew Gamble

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Nettie Brown

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Chas. W. Entenman
(ADDRESS) 330 Russell

18. ~~BURIAL, CREMATION, OR REMOVAL~~ to
PLACE Cadet, Mo. DATE 4/27/39, 19

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. FILED APR 26 1939 J. F. Buelsch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25/39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:35 A.M.

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

Date of onset

Hemorrhage due to fracture Skull and laceration of Spleen and Lung, suffered when Ford Coupe driven by the deceased was struck by Pontiac Coach

Other contributory causes of importance:

driven by one Earl Whitley about 1:00 AM April 25 1939 at intersection of Broadway and Washington

Name of operation ..... Date of 19

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/25, 1939

Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury See above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph McGinnis, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette av

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.