PR 19 939

DEC'D MAY 11 1939

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

16167
Do not use this space.

96 12 4

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.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township — Primary Registration District No. 117 — Registered No. 702
(c) or City Webster Groves — (d) Street No. 222 Parkhurst Terrace 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 510 Pearl W. Gamp
(a) Residence, No. 222 Parkhurst Tr. St.
(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: Female
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: George L. Gamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 3rd, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	3	14	

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

FATHER
13. NAME: Louis Wiegman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Carrie B. Greer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

17. INFORMANT: George L. Gamp
(ADDRESS) 222 Parkhurst Tr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Apr. 20th, 1939

19. FUNERAL DIRECTOR (NAME) Drehmann Funeral
(ADDRESS) 1905 Union Blvd.

20. FILED APR 19 1939 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1935, to April 17, 1939
I last saw h. alive on Apr 16th, 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of ~~Bowel~~ Lungs	1937
5 D.	
Other contributory causes of importance: Cancer of Mammary Gland.	1935

Name of operation Removal of breast Date of 1935
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? No
If so, specify
(Signed) Carl Obermann, M. D.
(Address) 3248 Lafayette Ave.

(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

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