

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 7973

## 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Josephine Heitkamp  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution 2 wks. (Specify whether  
 In this community 10 yrs.  
 years, months or days)

8. (a) PRINT FULL NAME Elizabeth Gamache8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 224. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Walter Gamache 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased Nov. 17 1878  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
61 10 6 hr. min.9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation house wife11. Industry or business at home12. Name Henry Roy13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Annetta Marshal15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Walter Gamache(b) Address 2731 Ivanhoe17. (a) burial (b) Date thereof Sept. 26/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Olive18. (a) Signature of funeral director Fendler Und. Co.(b) Address 7420 Michigan Ave.19. (a) SEP 25 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2731 Ivanhoe  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23  
year 1940 hour 6 minute 20 A. M.21. I hereby certify that I attended the deceased from Sept 11 1940 to Sept 23 1940that I last saw him alive on Sept 22 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration 10 daysDue to font known, but Sept developed following appendicitis & cholecystitis

Due to \_\_\_\_\_

Other conditions Acute cholecystitis, acute appendicitis 4 days

(Include pregnancy within 3 months of death)

Major findings: Acute cholecystitisOf operations Acute cholecystitis

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: \_\_\_\_\_

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John J. Hayward (M. D. or other) \_\_\_\_\_Address Metropolitan Hotel Date signed 9/24/40

**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 *Oliver E. Fendley*

Licensed Embalmer No. *4148*

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. y**