

3-40
7-39
X25159

State File No. _____

1940 District No. 784

Primary Registration District No. 101

Registrar's No. 2200

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day - (Specify whether
years, months or days)

In this community 16422

3. (a) PRINT FULL NAME Gammon Katie

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex fe 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm Gammon

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 29 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 3 23 _____ hr. _____ min.

9. Birthplace Montgomery County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name John Bratton

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cora Custer Keite

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Gammon

(b) Address Soutag Ballwin Rds Glencoe

17. (a) Burial (b) Date thereof Nov-23-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glencoe, Mo

18. (a) Signature of general dispositive Schroder Funeral Home

(b) Address Glencoe, Mo

19. (a) NOV 21 1940 (b) M. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Glencoe - rural
(If outside city or town limits, write "RURAL")

(d) Street No. Soutag Ballwin Roads -
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st
year 1940 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from 8-5-40
_____, 19____, to 11-21- 19____;
that I last saw her alive on 11/20/40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of breast and several years
Due to ovary with acid metastases to bones 50
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Breast cancer and
Of operation ovarian cancer removed at operation
Of autopsy About eight years ago.

Duration

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) no

(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 Milton A. Spitz (M. D. or other) _____

Address St. Louis County Hosp Date signed 11/21/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC

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 *Theo Schradw*
Licensed Embalmer No. *3066*
P.O. Address *Bellewin, Me*

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

If this body is not embalmed, fact should be so stated above.