

S. No. 2
I-1-4-41
5-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26281
Registrar's No. 1496

FILED AUG 8 1941
Registration District No. 207

Primary Registration District No. 207

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. # 7 Box # 31
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No. Box # 31 Route #7
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mauvenia Mabel Gamache
(b) If veteran, name war No.
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17
year 41 hour 4 minute 10 P.M.
21. I hereby certify that I attended the deceased from April 16
1941, to July 17 1941;
that I last saw her alive on July 17 1941;
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Oscar
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 2 1884
(Month) (Day) (Year)

Immediate cause of death
Generalized abdominal carcinoma
Due to Cancer of Stomach Duration 1 yr +
Due to _____

8. AGE: Years 57 Months 3 Days 15
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) 468
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace Rushville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Asher Kent

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

14. Maiden name Sirenia Curry

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

16. (a) Informant Oscar Gamache

(b) Address R.R. # 7 Box # 31

17. (a) Burial (b) Date thereof 7/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John A. Genteman

(b) Address 5431 Thrush Ave.

19. JUL 18 1941 (Date received local registrar)
J. R. Myers M.D. (Registrar's signature)
707 (Licensed Embalmer's Statement on Reverse Side)

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 R. R. ... (M. D. or other) _____
Address 3651 Grand St. St. Louis Mo. Date signed 7-18-41

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

Albert G. Kopper

Licensed Embalmer No. *2971*

P. O. Address.....

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, fact should be so stated above.