

148  
No. 2  
-1-4-41  
5-17-39  
I X26390

FILLED NOV 24 1941

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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19  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Days  
(Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 23 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 611 Lami  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rebecca Gurley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Gurley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 19, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>13</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown Crownover  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Charity Chitwood  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Naomi Berryman  
(b) Address 4511 Parkview Place

17. (a) Removal (b) Date thereof 10/2/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc  
(b) Address 4700 Washington Blvd.

19. (a) OCT 2 1941 (b) J. T. Biedick  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2, year 1941 hour 1:30 minute AM

21. I hereby certify that I attended the deceased from September 21, 1941 to October 2, 1941; that I last saw him or alive on October 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis.  
Due to Arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
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 L. V. Mulligan 10/2/41  
Address 1515 Lafayette Ave. Date signed \_\_\_\_\_

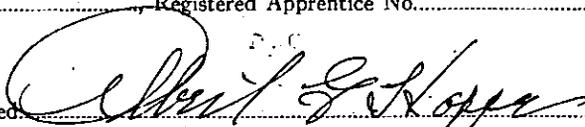
**STATEMENT BY LICENSED EMBALMER**

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.....



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.**