

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4374

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.  
 (b) City or town: St. Louis, Mo.  
 (c) Name of hospital or institution: Homer Phillipps Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 In this community 20 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 22  
 (c) City or town: St. Louis, Mo. 22  
 (d) Street No.: 2602a Market  
 (e) Citizen of foreign country? No  
 If yes, name country:

3. (a) PRINT FULL NAME: Roy Gadd  
 (b) If veteran, name war:  
 (c) Social Security No.: 497-03-7927

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 17, year: 1942 hour: 9 minute: 10 A. M.  
 21. I hereby certify that I attended the deceased from: May 14, 1942 to: May 17, 1942  
 that I last saw him alive on: May 17, 1942  
 and that death occurred on the date and hour stated above.

4. Sex: Male  
 5. Color or race: Negro  
 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: Nellie Gadd  
 6. (c) Age of husband or wife if alive: 42 years  
 7. Birth date of deceased: March 30 1901  
 (Month) (Day) (Year)

Immediate cause of death: Pulmonary Tuberculosis  
 Duration: Unknown

8. AGE: Years: 41 Months: 1 Days: 17  
 If less than one day: hr. min.

Due to:  
 Due to:  
 Other conditions:  
 Major findings:  
 Of operations:  
 Of autopsy:

9. Birthplace: Forrest Hill, Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER {  
 12. Name: John Gadd  
 13. Birthplace: Tennessee  
 14. Maiden name: Mary Gaines  
 15. Birthplace: Tennessee

16. (a) Informant: Nellie Gadd  
 (b) Address: 2602a Market St.

17. (a) Burial: Greenwood Cem.  
 (b) Date thereof: May 21-42  
 (c) Place: burial or cremation: Greenwood Cem.

18. (a) Signature of funeral director: Russell Undt, Co.  
 (b) Address: 2732 Pine Street

19. (a) Date received local registrar: MAY 19 1942  
 (b) Registrar's signature: J. F. Budack

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?  
 (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: J. W. Johnson (M. D. or other)  
 Address: 2601 Whittier Date signed: 5-18-42

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

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**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 *Joel Russell*  
Licensed Embalmer No. *4112*

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.**