V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

2041

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38739

State File No.

FILED DEC 29 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10517

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: 3644 Natural Bridge Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 10 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3644 Natural Bridge Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward T. Gamewell

3. (b) If veteran, name war — None

3. (c) Social Security No. 493-05-1058

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Margaret Finn Gamewell

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

7. Birth date of deceased December (Month) 24, (Day) 1884 (Year)

8. AGE: Years 57 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Electrician

11. Industry or business

FATHER
12. Name Wm. Gamewell
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Winifred McMannus
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Wm. J. Gamewell
(b) Address 3925 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) DEC 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1942 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion Arteriosclerosis	
Due to [illegible]	
Due to [illegible]	
Other conditions (Include pregnancy within 3 months of death) [illegible]	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred W. Perry (M. D. or other)
Address Deputy Coroner Date signed 12/16/42

B

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon. Collier

Licensed Embalmer No. 3382

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.