

FILED JAN - 5 1943 18

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10755

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One day  
(Specify whether  
In this community Eighteen years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. #8 S. Old Orchard Ave.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Robert Peter Gammons

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Amy C. Gammons 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Sept. 11 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Nashville Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Ev. Lutheran Church

12. Name Richard Gammons

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

14. Maiden name Elizabeth Sanders

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

16. (a) Informant Amy C. Gammons

(b) Address #8 S. Old Orchard Ave

17. (a) removal (b) Date thereof 12/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland, Mo.

18. (a) Signature of funeral director Wittelsberg Undertaker

(b) Address Webster Groves, Mo.

19. (a) DEC 24 1942 J. Z. Bedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1942 hour 2 minute 45 p. M.

21. I hereby certify that I attended the deceased from Dec 20 42  
to Dec 23 1942  
that I last saw him alive on Dec 23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis with infarction Duration 24 hr.

Due to Arteriosclerotic heart disease Yes

Due to .....

Other conditions (Include pregnancy within 3 months of death) 93 1/2

Major findings: Of operations 93

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 3

23. Signature Elmer A. Wittelsberg (M.D. or other) .....

Address 704 E. Big Bend, Webster Groves, Mo. signed 12-21-42

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

MOTHER FATHER

---

---

**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.....

*W. Wilkinson*

Licensed Embalmer No.....

*3575*

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.**