

SEP 11 1943 318

Registration District No. \_\_\_\_\_

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

1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Isolation Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8-20-'43 to 8-30-'43  
In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Ann Gammeter

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If alive \_\_\_\_\_ years

7. Birth date of deceased: June 19 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>2</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation INFANT

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

MOTHER FATHER { 12. Name Walter Gammeter  
 { 13. Birthplace New Mexico 3  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Ruby Watson  
 { 15. Birthplace Kentucky 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Edith V. Minor  
(b) Address 5600-Arsenal Street

17. (a) BURIAL (b) Date thereof AUG 31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Roseclare, Illinois

18. (a) Signature of funeral director E. J. Schmur  
(b) Address 3125 Lafayette Ave

19. (a) ADD (b) J. F. Brudeck  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limit, write "RURAL")  
(d) Street No. 3320 A-Wyoming  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1943 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from August 20, 1943 to August 30, 1943; that I last saw her alive on August 30, 1943, 19 \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Meningitis

Due to Infant had Pulmonary tuberculosis

Other conditions 13  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 Ben J. Skinner (M. D. or other) \_\_\_\_\_  
Address Isolation Hospital Date signed 8-30-43

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

**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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Lemayburg

**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, above space should be left blank.**