. S. No. 2
0M—2-43
. 5-17-39
I X33687

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

State File No. 39836

FILED JAN 12 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11960

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:
The Isolation Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-29-1943 to 12-30-43 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 9 V

(a) State Missouri (b) County

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

(d) Street No. 1033-Morrison
(If rural, give location)

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

3. (a) PRINT FULL NAME Oscar Gamblin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Bessie Gamblin

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

7. Birth date of deceased Dec (Month) 22 (Day) 1885 (Year)

8. AGE: Years 58 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Salem (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name William Gamblin

13. Birthplace Salem (City, town, or county) Missouri O (State or foreign country)

14. Maiden name Martha Brockes

15. Birthplace Salem (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Edith V. Minor

(b) Address 5600 Arsenal Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30, year 1943 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from 12-29- 19 43 to 12-30-1943 19 ; that I last saw him alive on Dec. 30 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Meningococcus meningitis

Due to

Due to

Other conditions
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Francis M. Lane (M. D. or other)

Address 5600 Arsenal Date signed 12-30-43

(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 John W Ogorowski

Licensed Embalmer No. 3398

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.