V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23005

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6720

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

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: Mo. Batist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEATH:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9799 St. Charles Rock Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) NR
If yes, name country

3. (a) PRINT FULL NAME Frank J. Gamma.
3. (b) If veteran, name war WorldeWar No.1
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Gamma.
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased December 18, 1895. (Month) (Day) (Year)
8. AGE: Years 48 Months 7 Days 14 If less than one day hr. min.
9. Birthplace Pilot Knob, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Grocer Prop.
11. Industry or business
FATHER 12. Name Jacob Gamma.
FATHER 13. Birthplace Mine Lamont, (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Ella Schulte.
MOTHER 15. Birthplace Fredericktown, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Alice Gamma.
(b) Address 9799 St.Charles Rock Road.
17. (a) Burila (Burial, cremation, or removal) (b) Date thereof 8-3-1944. (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery.
18. (a) Signature of funeral director Geo.L.Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) AUG 2 1944 (Date received local registrar) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st. year 1944 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7-24-44, 19..., to 8-1, 1944 that I last saw h. alive on 7-31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary occlusion — 6 weeks
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 T. R. Usher (M. D. or other) Med
Address 2816 Sudan Ave Date signed 8-1-44
Maplewood, Mo

(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 Howard G. Rowland

Licensed Embalmer No. 8114

P. O. Address St Louis Mo

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.