

S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21752

State File No. \_\_\_\_\_

**FILED JUN 20 1946**

**1003**

Registrar's No. **5071**

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital **3**  
(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

**3. (a) PRINT FULL NAME** Charles Gammon

**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** Widowed

**6. (b) Name of husband or wife** Alice Gammon

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

**7. Birth date of deceased** May 16, 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>72</u>	<u>0</u>	<u>10</u>	_____ hr. _____ min.

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

**10. Usual occupation** Nil

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

**12. Name** ? Gammon **9**

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

**14. Maiden name** Elizabeth Egan

**15. Birthplace** Ireland **4**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mazie Carr

**(b) Address** 902a Utah

**17. (a) (Burial, cremation, or removal)** Burial **(b) Date thereof** 6/7/46  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Sunset Burial Park

**18. (a) Signature of funeral director** Edith E. Ambruster

**(b) Address** 4234 Manchester

**19. (a) JUN 6 1946** **(b) J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri **(b) County** 100

(c) City or town St. Louis **(d) Street No.** 3125 S. 7th St.  
(If outside city or town limits, write "RURAL") (If rural, give location)

**(e) Citizen of foreign country?** \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 3 **year** 1946 hour 6:00 minute 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.

**Immediate cause of death** Strangulation from piece of meat in Trachea; while eating in a restaurant owned by Phillip Christ at 2020 So. 12th St., on June 3rd, 1946, at about 6:00 P.M.

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 195

**Of operations** \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) Accident **100**

(b) Date of occurrence June 3rd, 1946

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place

**While at work?** \_\_\_\_\_ **(e) Means of injury** \_\_\_\_\_

**23. Signature** Patrick E. Taylor **(M.D. or other)** 0

**Address** Deputy Coroner **Date signed** 6-6-46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No..... 1284

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.**