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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 30 1946**  
318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **8227**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**5082 Minerva Avenue**  
(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** **Francis E. Gavisk**

**3. (b) If veteran,** name war **None** **3. (c) Social Security** No **None**

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

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

**7. Birth date of deceased** **March 2, 1873**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>73</b>	<b>6</b>	<b>21</b>	hr. _____ min. _____

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

**10. Usual occupation** **Housewife**

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

**MOTHER FATHER**

**12. Name** **Jerrie Hedrick**

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

**14. Maiden name** **Morgan**

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

**16. (a) Informant** **Mrs. T. A. Tynes**  
**(b) Address** **5854 Clemens Avenue**

**17. (a)** **Burial Removal** **(b) Date thereof** **Sept 25, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Newburg, Missouri**

**18. (a) Signature of funeral director** **Shepard Funeral Home**  
**(b) Address** **1167 Hamilton Avenue**

**19. (a)** **SEP 24 1946** **(b)** **J. F. Breda**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **5082 Minerva Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **September** day **23, 1946**  
 year **9** hour **17** minute **P** M.

**21. I hereby certify that I attended the deceased from** **Oct 4 '46**  
 19 **46** to **Sept 23, 1946**  
 that I last saw him alive on **Sept 23, 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**  
**Pneumonia (1starily) - 16 wks.**

Due to **Metastatic carcinoma of colon (liver)**

Due to **col. junction pet. bladder**

Other conditions (include pregnancy within 3 months of death)  
**Primary site in liver.**

Duration

PHYSICIAN

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

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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

**23. Signature** **J. F. Breda**  
 Address **1167 Hamilton Avenue** Date signed **SEP 24 1946**

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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..... *Charles R. Padwell*.....

Licensed Embalmer No..... *4077*.....

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.**