

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41458
State File No. 11113
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME: GLYDE GAMMON

3. (b) If veteran, name war: No
3. (c) Social Security No. Unknown

4. Sex Male
5. Color of race White
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife: Katherine Gammon
6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased: September 20 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation: Retired Maintenance Man

11. Industry or business

12. Name: Unknown

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

14. Maiden name: Unknown (City, town, or county) (State or foreign country)

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Leroy Gammon

(b) Address: 600 N. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-48 (Month) (Day) (Year)

(c) Place: Burial or cremation: Memorial Park Cemetery

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

(b) Address: 4700 Washington Blvd.

19. (a) Date received local Registrar: Jan 23 1949 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3534 Olive St. Memorial
(e) Citizen of foreign country? (Yes or No) If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd year 1948 hour 9 minute 52 P M.

21. I hereby certify that I attended the deceased from 12/10/48 to Dec. 22nd 19 48 that I last saw him alive on Dec. 22nd 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Duration 3 days
Due to: Carcinoma (Epidermis) of left breast with metastases 18 mos

Other conditions: (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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: V.R. Moorman, M.D. (M. D. or other) Address: 1515 Lafayette 12/23/48 Date signed

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.....

Robert M Murray
.....
..... Licensed Embalmer No. *3749*
..... 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.