

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

10067
State File No. 31773
Registrar's No. 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 1418a Franklin Avenue							
3. NAME OF DECEASED (Type or Print) Lela			a. (First)		b. (Middle) Gamage		c. (Last)				
4. DATE OF DEATH April 1 1949		5. SEX female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan 14th 1901			
9. AGE (In years last birthday) 48		10. MONTHS 2		11. BIRTHPLACE (State or foreign country) Lexington Miss		12. CITIZEN OF WHAT COUNTRY?		19			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Factory			11. BIRTHPLACE (State or foreign country) Lexington Miss			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Henry Thomas			13b. MOTHER'S MAIDEN NAME Mahala Polk			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 491-18-9087			17. INFORMANT'S SIGNATURE OR NAME Margurieta Lowe			ADDRESS 1418a Franklin Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Disease - accident ANTECEDENT CAUSES DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-25, 1949, to 4-1, 1949; that I last saw the deceased alive on 4-1, 1949, and that death occurred at 1:15 p. m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) D. B. Daniels				23b. ADDRESS M. D. 2601 N Whittier St				23c. DATE SIGNED 4-4-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 4-5-1949			24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) Lexington Miss		
DATE REC'D BY (Signature) REG.			REGISTRAR'S SIGNATURE D. B. Lanster			25. FUNERAL DIRECTOR'S SIGNATURE J. H. Randle & Son			ADDRESS 3133 Bell Ave		

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

S. J. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. *249 J*

P. O. Address. *2769 Chouteau*

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.