

No. 300  
10.48

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35144**  
**9158**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> ( ) |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Broshey</b>                                  |  |
| c. LENGTH OF STAY (In this place) <b>4 DAYS</b>   |  | d. STREET ADDRESS (If rural, give location) <b>N.W. ROUTE I</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>                                   |  |  |  |

|  |            |             |                         |                                       |         |       |        |
|--|------------|-------------|-------------------------|---------------------------------------|---------|-------|--------|
| 3. NAME OF DECEASED (Type or Print) <b>SARAH</b> | a. (First) | b. (Middle) | c. (Last) <b>GADSON</b> | 4. DATE OF DEATH <b>OCT. 18, 1949</b> | (Month) | (Day) | (Year) |
|--|------------|-------------|-------------------------|---------------------------------------|---------|-------|--------|

|                      |                               |   |                                       |   |                        |                       |                      |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|----------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>NEGRO</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b> | 8. DATE OF BIRTH <b>July 16, 1896</b> | 9. AGE (In years last birthday) <b>53</b> | 10 UNDER 1 YEAR Months | 11 UNDER 1 Hrs. Hours | 12 UNDER 1 Min. Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|-----------------------|----------------------|

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>AT Home</b> | 11. BIRTHPLACE (State or foreign country) <b>Leflore County, Miss.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|--|--|--|

|                                   |  |  |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME <b>UNKNOWN</b> | 13b. MOTHER'S MAIDEN NAME <b>IDA PETTY</b> | 14. NAME OF HUSBAND OR WIFE <b>ARTHUR GADSON</b> |
|-----------------------------------|--|--|

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>NONE</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>ABBBIE ARCHIE</b> | ADDRESS <b>7924 W. BRUNO RICHMOND HEIGHTS, MO.</b> |
|--|-------------------------------------|--|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphatic Monocytic Leukemia</b>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>74 MO</b> |
|--|--|--|

|   |  |  |
|---|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>2041</b> |
|---|--|--|

22. I hereby certify that I attended the deceased from **Sept. 10, 1949**, to **10-18, 1949**, that I last saw the deceased alive on **10-18, 1949**, and that death occurred at **11:25 P.** m., from the causes and on the date stated above.

|                                     |                   |  |                                  |
|-------------------------------------|-------------------|--|----------------------------------|
| 23a. SIGNATURE <b>J. Rusan M.D.</b> | (Degree or title) | 23b. ADDRESS <b>2438 Kirkham-Welch Ave., Mo.</b> | 23c. DATE SIGNED <b>10-20-49</b> |
|-------------------------------------|-------------------|--|----------------------------------|

|  |                              |                                     |  |
|--|------------------------------|-------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>OCT 21 1949</b> | 24c. NAME OF CEMETERY OR CREMATORY: | 24d. LOCATION (City, town, or county) (State) <b>E. ST. LOUIS ILL.</b> |
|--|------------------------------|-------------------------------------|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <b>OCT 21 1949</b> | REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J. L. Marshall</b> ADDRESS <b>2205 MISSOURI E. ST. LOUIS, ILL.</b> |
|---|---|--|

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.

Student .....  
Student Embalmer

Signed Thomas M. Labson

Licensed Embalmer No. 4479

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.