

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42483
State File No. _____
Registral's No. 10994

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registral's No. 10994	
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			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Baptist Hospital				d. STREET ADDRESS (If rural, give location) 16 3624 Humphrey			
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude		b. (Middle) F.		c. (Last) Gamble		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1949	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 15, 1889	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY XXXXX			11. BIRTHPLACE (State or foreign country) Sullivan, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME James Dunigan			13b. MOTHER'S MAIDEN NAME Maud Drace			14. NAME OF HUSBAND OR WIFE Irvin H. Gamble	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Waldo Fechner, 3622 Humphrey			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic Ca of Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Sigmoid DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 8mo? 9mo?
19a. DATE OF OPERATION 8/8/49		19b. MAJOR FINDINGS OF OPERATION Ca of Sigmoid & Metastases in Liver					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 46			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 152X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Chakadas				23b. ADDRESS Humboldt Bldg		23c. DATE SIGNED 12/22/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Dec. 23, 1949		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory,		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. DEC 22 1949		REGISTRAR'S SIGNATURE J. B. Fosater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hacker-Heldule H. & A. Co., 3634 Gravois			

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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *3249*

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.