

STANDARD CERTIFICATE OF DEATH

State File No. 0214

FILED JAN 26 1952

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0214

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4221a Vista Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) _____		c. (Last) <u>Gapps</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 8, 1952.</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married nurse</u>		8. DATE OF BIRTH <u>January 8, 1908</u>		9. AGE (In years) (last birthday) <u>44</u> IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Practical Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mount Olive, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Spudick</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Martz</u>		14. NAME OF HUSBAND OR WIFE <u>Roscoe Gapps</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Roscoe Gapps 4221a Vista Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>POST. OPERATIVE COMPLICATIONS</u> ANTECEDENT CAUSES <u>SIGMOID RESECTION</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>CARCINOMA OF SIGMOID</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>11 DAYS</u>  <u>4mo's +</u>	
19a. DATE OF OPERATION <u>12-27-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF SIGMOID</u>				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) _____			
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? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>8.15</u> , 19 <u>50</u> , to <u>1.8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1.7</u> , 19 <u>52</u> , and that death occurred at <u>4:35</u> a m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert E. Cochran</u> (Degree or title) <u>M.O.</u>				23b. ADDRESS <u>35 N. CENTRAL.</u>		23c. DATE SIGNED <u>1.8.52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-10-52.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> via motor		24d. LOCATION (City, town, or county) (State) <u>Mt. Olive, Illinois.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 9 1952</u>		REGISTRAR'S SIGNATURE <u>Rearl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</u>			

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 Harmer W. Drutz

Licensed Embalmer No. 3882

P. O. Address St. Louis

**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.