

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22893**

JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1591

4002
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton	c. LENGTH OF STAY (in this place) 4 yrs	d. CITY OR TOWN Clayton	4442
d. FULL NAME OF HOSPITAL OR INSTITUTION 8225 Parkside		e. STREET ADDRESS (If rural, give location) 8225 Parkside	
3. NAME OF DECEASED (Type or Print) a. (First) Clarence		b. (Middle) O.	c. (Last) Gamble
4. DATE OF DEATH (Month) (Day) (Year) June 14, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Aug. 26, 1881
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker	10b. KIND OF BUSINESS OR INDUSTRY Stocks & Bonds	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME David Coalter Gamble		13b. MOTHER'S MAIDEN NAME Flora Matthews	
14. NAME OF HUSBAND OR WIFE Fannie Knight Gamble			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME W. Guy Gamble, 5381 Waterman		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES		DUE TO (b) arteriosclerotic heart disease	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200		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?	
22. I hereby certify that I attended the deceased from 1948 to June 13, 1952 ; that I last saw the deceased alive on June 12, 1952 and that death occurred at 12 m., from the causes and on the date stated above.			
23a. SIGNATURE H. S. Newman (Degree or title) M.D.		23b. ADDRESS 3720 Washington	23c. DATE SIGNED 6-15-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-16-52	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 6-15-52	REGISTRAR'S SIGNATURE Herbert P. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Wagoner Mortuary, 4911 Washington ADDRESS	

SW (Licensed Embalmer's Statement on Reverse Side)

JUL 15 1952

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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 41

Signed *John J. Haine*

Licensed Embalmer No. 4408

P. O. Address *Harris 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.