

FILED NOV 12 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 37073

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2491

1. PLACE OF DEATH a. COUNTY St. Louis		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 CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A. St. Louis CO. Hospital		d. STREET ADDRESS (If rural, give location) 4115 Enright Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Alma	b. (Middle) Toran	c. (Last) Gist	4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1952
-------------------------------------	------------------------	--------------------------	-----------------------	---

5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1917	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 3 Days 5	IF UNDER 24 HRS. Hours Min.
----------------------	-----------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) Kirkwood Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Jessie Toran	13b. MOTHER'S MAIDEN NAME Grace Garner	14. NAME OF HUSBAND OR WIFE Mansfee Gist
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 498-10-8995	17. INFORMANT'S SIGNATURE OR NAME Clifford Toran ADDRESS 5808 S. Parkway Chicago Ill
---	--	--

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) Gunshot wounds- fired from a 38 caliber, Smith & Wesson revolver, DUE TO (b) at close range, by her husband, Mansfee O. Gist.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> E981A		

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Basement of Apt.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) University City St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/23/52 2:50p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Shot by husband

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willmann, Coroner (Degree or title) 3	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 10/2/52
--	----------------------------------	---------------------------------

24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Baldwin	24d. LOCATION (City, town, or county) (State) Mo.
---	---------------------------------	---	--

DATE REC'D BY LOCAL REG. 9-27-52	REGISTRAR'S SIGNATURE Nesbert R. Donke MO	25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son ADDRESS 3133 Bell Ave
---	--	--

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

4002
3

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 *S. J. Watson*

Licensed Embalmer No. *249A*

P. O. Address *2769 W. Montrose*

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.