

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009129

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 640

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 2 1962**

1. PLACE OF DEATH  
 a. COUNTY **St. Louis**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Richmond Heights** Length of stay in lb **6 mos.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1463 Oriole Place** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **Richmond Heights** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1463 Oriole Place** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last SARAH ELIZABETH GALL 4. DATE OF DEATH Month Day Year February 22 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1/19/1880 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min. 1 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Washington Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Samuel Wilkenson** 13b. MOTHER'S MAIDEN NAME ~~Wilhemonia~~ **Emeline McWilliams** 14. NAME OF HUSBAND OR WIFE **Roy E. Gall d:ced 1951**

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. **None** 17. INFORMANT Address **Mr. Roy W. Gall #6 The Knolls**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Intra abdominal carcinoma,**  
 DUE TO (b) **origin undetermined with**  
 DUE TO (c) **widespread metastases**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-7-55 to 2-22-62 and last saw her/him alive on 2-19-62. Death occurred at 12.31 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Ernest H. Schaper, M.D.** 22b. ADDRESS **7200 Manchester** 22c. DATE SIGNED **2/22/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2/24/62** 23c. NAME OF CEMETERY OR CREMATORY **Hiram Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **Ambruster Mortuary 6633 Clayton Road** 25. DATE RECD. BY LOCAL REG. **2-23-62** 26. REGISTRAR'S SIGNATURE **John C. Murphy**

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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24005						
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9 199.2						
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USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	ITEM NO.				

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Arvid J. Hammer*

Licensed Embalmer No. 4788

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.