

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008629

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 19 1963

318

Primary Registration District No.

1003

Registrar's No.

1275

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
1								
28/20/63								
3								
4 0								
5 1								
6								
7 1								
8 1								
9								
10								
11								
12 52-0								
13								
52								

1. PLACE OF DEATH a. COUNTY Illinois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 11 days		c. CITY OR TOWN Mt. Vernon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9 N Highland Place	
d. RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM A. GAMBER		4. DATE OF DEATH Month Day Year FEBRUARY 4 1963	
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 11-27-1901		9. AGE (last birthday) 61		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C.P.A.		10b. KIND OF BUSINESS OR INDUSTRY Accounting		11. BIRTHPLACE (City and state or country) Orwin, Pa.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wm. W. Gamber		13b. MOTHER'S MAIDEN NAME Mary Bohr	
14. NAME OF HUSBAND OR WIFE Florence		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. [REDACTED]	
17. INFORMANT Florence Gamber		Address Mt. Vernon, Illinois		18. CAUSE OF DEATH (Enter only one cause plus contributing conditions) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PORTAL VEIN THROMBOSIS WITH SMALL BOWEL INFARCTION	
DUE TO (b) CANCER OF PANCREAS		DUE TO (c) 157X		INTERVAL BETWEEN ONSET AND DEATH 2 da.	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Mt. Vernon, Illinois		20g. COUNTY Jefferson		20h. STATE Illinois	
21. I attended the deceased from 1/17/63 to 2/4/63 and last saw her alive on 2/4/63 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 2/5/63		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2-7-63	
23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		23d. LOCATION (City, town, or county) Mt. Vernon, Illinois		(State)	
24. FUNERAL DIRECTOR Myers Funeral Home		ADDRESS Mt. Vernon, Illinois		25. DATE RECD. BY LOCAL REG. FEB 6 1963	
26. REGISTRAR'S SIGNATURE [Signature]					

STATEMENT BY LICENSED EMBALMER

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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 James L. Curson

Licensed Embalmer No. 5168

P. O. Address Millis, Ill.

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.