

AUG 23 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24247

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Ponchartraine Primary Registration District No. 6031
City Valley Park (No. Glengrave Creek, Valley Park St. _____ Ward)

File No. _____
Registered No. 121

2. FULL NAME

Henry Gamm

(a) Residence, No. Valley Park St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
16 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME W. H. Gamm14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Florence Tolson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Florence Sampson
Benton St. Valley Park, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 7/15 1919. UNDERTAKER (ADDRESS) W. B. Kell
Kellwood20. FILED 7/12 19 35 Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12/35 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, to _____, 19 _____

I last saw h _____ alive on _____, 19 _____ Death is said

to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Accidental drowning while swimming in Glengrave Creek, Valley Park with other comrades. Went down 2:45 P.M. recovered 4:45 P.M. same day.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Coroner's View Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) Julia B. Turner, M.D.(Address) 3818 Jennings, Rd.Coroner's Office, St. Louis, Mo. 7/12/35

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

