

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

39932
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1002**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **10919**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 11635
 2. PRINT FULL NAME **Gussie Weeke Tackett**
 (a) Residence, No. **2706** **South Ninth St.** **Street 23** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **divorced**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John M.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 6 1900**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 6 17
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as law mill, bank, etc. **hwk**
 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) **Missouri**

FATHER 13. NAME **John Mead**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Apolonia Beasley**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Hosp. Info M. Kent** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Nov. 26** 19 **37**

19. FUNERAL DIRECTOR (ADDRESS) **Alley W. McLaughlin** **2301 Lafayette Ave**

20. FILED **J. Bredick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/23/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **11/8/37**, 19 to **11/23/37**, 19.
 I last saw her alive on **11/23/37**, 19. Death is said to have occurred on the date stated above, at **3.30 p**

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

*Sober pneumonia
Peritonitis post-operative
following hysterectomy
for menorrhagia
myxoma of uterus*

Other contributory causes of importance:

Name of operation **Hysterectomy** Date of **11-11-37**

What test confirmed diagnosis? Was there an autopsy?

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) **Alley W. McLaughlin**, M. D.

(Address) **City Hospital No. 1**

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.

22
877

NOV 26 1937

STATEMENT BY LICENSED EMBALMER

I, L. Q. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed L. Q. Cooper
Licensed Embalmer No. 3633

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.)