

JAN 10 1938

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

43209
Do not use this space.

791
1003

11459

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 1143 Childress Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gammage L. Harston

(a) Residence, No. 1143 Childress Ave. St. [J]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie W. Harston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 5 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Fireman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 7, 37
11. Total time (years) spent in this occupation. 34 Yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearidge, Ark.

FATHER
13. NAME Robert Harston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Nancy Stroud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) P. Harston 511 Hollywood, Webster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Prk. DATE Dec. 14, 1937

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED DEC 13 1937 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct - 26, 19 to 12/12 - 1937
I last saw him alive on 12/2, 1937. Death is said to have occurred on the date stated above, at 10:45 m.

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

Myocarditis due to Angina Pectoris
Arteriosclerosis

Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis Autopsy. 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) R. E. Anderson, M. D.
(Address) 4932 Montgomery

Dr. R. N. Andrews
4932 Maryland Ave.
Rd 4620

1-4-P.M.

STATEMENT BY LICENSED EMBALMER

I, Joseph E. McCulloch, Licensed Embalmer No. 2460

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

.....L. E.

No. of by Carl Huck, Registered Apprentice No. 1
working under my personal supervision.

Signed Joseph E. McCulloch
Licensed Embalmer No. 2460

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.)