

REC'D JAN 11 1939

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

41370
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(d) Street No. St. John's Hospital
(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.

791
1008

Registered No. 11062

2. PRINT FULL NAME

(a) Residence, No. 640 Delbert R. Gourley
Webster Hotel, Chicago, Ills. St. WR
(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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cecelia Gourley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 0 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Produce Merchant
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills. 1

13. NAME Raymond Gourley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills. 1

15. MAIDEN NAME Ella Gear 1

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

17. INFORMANT (ADDRESS) Mrs. Celi Gourley
Chicago, Ills.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ills. DATE Dec. 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly
3840 Lindell Blvd.

20. FILED DEC 25 1938
J. B. Budack
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1938, to Dec 25, 1938
I last saw him alive on Dec 24, 1938. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of large and small bowel
Other contributory causes of importance:
Granuloma

Name of operation Resection sigmoid Date of 10/15/38
What test confirmed diagnosis? Microscopy Was there an autopsy? yes

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 John M. H. Deane, M. D.
(Address) 816 Metropolitan Bldg.

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.

I X 16035

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address *420 4th Prairie*

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 licensé.)

If this body is not embalmed, above space should be left blank.