

REC'D APR 12 1939

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

791
1003
9238
Do not use this space.
3003

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis (d) Street No. 4832 Fountain Ave. Registered No. 3003
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Gasaway

(a) Residence, No. 4832 Fountain Ave. St. 12
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Gasaway
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 18
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
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) Ohio

FATHER 13. NAME C. J. Phillips

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

MOTHER 15. MAIDEN NAME Hattie Barker

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

17. INFORMANT Gordon Gasaway
(ADDRESS) 4832 Fountain Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Mar. 31, 39

19. FUNERAL DIRECTOR (NAME) Drehmann Harrel
(ADDRESS) 1905 Union Blvd.

20. FILED MAR 30 1939
J. D. [Signature]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 18th, 1939 to March 28, 1939
I last saw her alive on March 28th, 1939. Death is said to have occurred on the date stated above, at 3 P.M.

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

acute septic Parotiditis not mumps Date of onset 3-24-39
terminal broncho-pneumonia 3-26-39
acute cardiac dilatation 3-28-39
46

Other contributory causes of importance:
thyroid carcinoma (slow) 3-4 yrs
mesenteric carcinoma ?
pernicious anemia 8 yrs

Name of operation Exploratory Laparotomy 3 specimens
Was test confirmed diagnosis? Yes 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? NO
If so, specify.....
(Signed) Lawrence W. Mendonca, M. D.
(Address) 634 No. Grand Blvd.

WHITNEY-CAMMELT WITH ORDINANCE NO. 117-118 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.

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 Warren A. Carver
Licensed Embalmer No. 3534
P. O. Address.....

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