

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 days
(Specify whether years, months or days)

FILED DEC 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1501 Vail Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Gaddis

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Gaddis 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Jan. 7 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 21 hr. _____ min

9. Birthplace Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Lois G. Moore 9
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Gaddis

(b) Address 1501 Vail Pl.

17. (a) Burial (b) Date thereof Nov. 30, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Mr. E. Moyall

(b) Address 1926 Allen Ave.

19. (a) NOV 30 1940 (b) [Signature]
(Date received local registrar) (Date of registration)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28,
year 1940 hour 5:40 minute 4 M.

21. I hereby certify that I attended the deceased from November 19, 1940, to November 28, 1940, that I last saw her alive on November 28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] M. D. or other _____
Address 515 Lafayette Ave. Date signed 11/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.