

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days) 1

8. (a) PRINT FULL NAME Gadson, Marlene

8. (b) If veteran, name war School Girl 8. (c) Social Security No. X

4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced Minor

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 18 1933  
(Month) (Day) (Year)

8. AGE: Years 7 Months 7 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl 0

11. Industry or business \_\_\_\_\_

12. Name William Gadson 1

13. Birthplace Memphis, Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Eva Malt

15. Birthplace Greenville, Ken.  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Gadson

(b) Address 4115 Enright Apt. 10

17. (a) Burial (b) Date thereof 12 2 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard

19. (a) DEC 31 1940 (b) J. M. Rudolph  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4115 Enright  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12<sup>th</sup> day 30<sup>th</sup>  
year 1940 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-16-40  
to 12-30-1940  
that I last saw her alive on 12-30-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Broncho-pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Broncho-pneumonia  
Fibrous Pericarditis

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 Lucius J. Davis (M. D. or other) M.D.  
Address St. Mary's Infirmary Date signed 12-31-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*L. Boy*

Registered Apprentice No.

*M. J. Boy*

working under my personal supervision.

Signed

*L. Boy*

Licensed Embalmer No.

*2946*

P. O. Address

*St. Louis, Mo.*

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.