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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16606

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4124

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4644 Ashland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mayme Gates

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert M. Gates 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January 4 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 11 If less than one day
hr. _____ min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Meissbach
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Deppe
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Robert M. Gates
(b) Address 4644 Ashland Ave.

17. (a) Burial (b) Date thereof May 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun Set Burial Park.

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) MAY 16 1941 (b) J. W. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1817
(If outside city or town limits write "RURAL") 9
(d) Street No. 4644 Ashland
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 13 day 15th
year 1941 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from June 25 to May 15, 1941.
that I last saw her alive on May 14, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Carcinoma of ovary
Of operations Partial Bowel Obstruction
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 Royal A. Weig (M. D. or other) MD
Address 1703 So Grand Date signed 5-16-41

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 Sheldon Collier

Licensed Embalmer No. 3382

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.