No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26693

State File No.

FILED SEP 17 1941 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6485

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

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: Deaconess
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. #9 Hammel Ave. NR
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME LILLIAN E. GARTISER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert F.

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December (Month) 12, (Day) 1897 (Year)

8. AGE: Years 43 | Months 7 | Days 25 | If less than one day ___ hr. ___ min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Isaac H. Madill
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Harriett Toole
15. Birthplace (City, town, or county) England (State or foreign country)

16. (a) Informant Albert H. Gartiser
(b) Address 9 Hammel Ave Webster Groves Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/9/41 (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Ill.

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) AUG - 8 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th year 1941 hour 7 AM minute ___ M.

21. I hereby certify that I attended the deceased from May 2nd, 1941, to Aug 7, 1941 that I last saw her alive on Aug 7, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Pancreas	6 mos
Due to Carcinoma of Liver Carcinoma of Lungs	
Due to Carcinoma of Mesenteric glands	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ralph E. Gaston (M. D. or other)
Address Webster Groves, Mo. Date signed 8/8/41

(Licensed Embalmer's Statement on Reverse Side)

Dr R E Gaston
17 E Lakewood

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Jos. E McCullok

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.