

FILED JAN 19 1943 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4954 West Pine /  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4954 West Pine  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Marshall E. Gammon

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife..... Clara B. Gammon. 6. (c) Age of husband or wife if alive 83. years  
7. Birth date of deceased May 27, 1856.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86. 7. 13. hr. min.

9. Birthplace..... Portsmouth, New Hampshire  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired.

11. Industry or business..... Science Practitioner.

MOTHER FATHER { 12. Name..... Samuel Gammon.  
13. Birthplace..... England. 4  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Ann (Unknown).  
15. Birthplace..... England. 4  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Clara B. Gammon.

(b) Address..... #4954 West Pine Blv'd.,

17. (a) Cremation. (b) Date thereof..... 1-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Oak Grove Crematory.

18. (a) Signature of funeral director..... C. R. Lupton & Sons

(b) Address..... 7233 Delmar Blvd.

19. (a) JAN 11 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th  
year 1943 hour 9:30 minute A. M.

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

Immediate cause of death.....  
Chronic Myocarditis  
Chronic Intestinal Peristalsis

Due to.....  
Due to.....  
e. 131

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

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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..... Alfred G. Perry? (M. D. or other)  
Address..... Delmar Blvd. Date signed 1/9/43

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

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**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City

**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, fact should be so stated above.**