S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7571

FILED MAR 11 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 494

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town MANCHESTER. MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MANCHESTER-NURSING-HOME
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON 93 11

(c) City or town GRANITE-CITY 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1725 EDISON-GRANITE-CITY ILLINOIS
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME SALLIE-A-GAUMER.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 1 — (Month) 3 — (Day) 1855 (Year)

8. AGE: Years 88 Months 1 Days 23 If less than one day hr. min.

9. Birthplace MADISON (City, town, or county) INDIANA 1 (State or foreign country)

10. Usual occupation HOUSE-WORK

11. Industry or business

FATHER
12. Name JACOB-GAUMER.
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN 9 (State or foreign country)

MOTHER
14. Maiden name BARBARA GAUMER.
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant Mrs Alice Mayfield

(b) Address 1732 Delmar Granite City Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 26/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Charles E. Mercer

(b) Address 1416 Madison Ave Granite City Ill

19. (a) MAR 2 1943 (Date received local registrar) (b) C. G. McGarvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 3:15 minute P M.

21. I hereby certify that I attended the deceased from 10-30, 1942, to 2-26, 1943 that I last saw him alive on 2-24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. myocarditis	?
Due to arteriosclerosis	?
Due to	
Other conditions Cerebral hemorrhage (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy 93 d

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 C H Denny (M. D. or other) MD

Address Creve Coeur Mo Date signed 2-27-43

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1944

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 Charles E. Mercer, Registered Apprentice No. ....., working under my personal supervision.

Signed Charles E. Mercer

Licensed Embalmer No. 2988 -

P. O. Address 1416 Friedrichshaus Granite City Ill

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.