

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29948

8684

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8684

1. PLACE OF DEATH:

- (a) County St. Louis, Missouri
 (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. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 Days
(Specify whether

In this community
years, months or days3. (a) PRINT Comodore Gambill
FULL NAME3. (b) If veteran, name war None 3. (c) Social Security No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Divorced6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Oct. 9th 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
56 11 21 _____ hr. _____ min.9. Birthplace Fulton Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Carloader11. Industry or business Railway Express12. Name Thomas Jefferson Gambill13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Jemina Webb15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Roy Petri(b) Address 5718 Neosho Ave.17. (a) Burial (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cemetery18. (a) Signature of funeral director Kriegshauser Mortuaries(b) Address 4228 So. Kingshighway Blvd.19. (a) Oct 1 1943 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4639a Delmar Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 30,
year 1943 hour 1:30 minute A. M.21. I hereby certify that I attended the deceased from September 17, 1943 to September 30, 1943.
that I last saw him alive on September 30, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death

Right Lobar Pneumonia

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy Same

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 J. J. [Signature] (M. D. or other)
Address 1515 Lafayette Avenue Date signed 9/30/43

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.....

Richard W. Stavesand

Licensed Embalmer No. *4007*

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, fact should be so stated above.