

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24297
Registrar's No. 6500

FILED AUG 6 1948

Registration District No. 318

Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 days
(Specify whether
In this community About 20 years
years, months or days)

3. (a) PRINT FULL NAME Agnes Gaddie

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Gaddie 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 2 20 1908
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In home

MOTHER FATHER
12. Name Daniel Walker
13. Birthplace Alexander Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Della Jones
15. Birthplace Carlyle Illinois
(City, town, or county) (State or foreign country)

16. (a), Informant Della Jones (mother)

(b) Address 2718a Montgomery St.

17. (a) Burial (b) Date thereof 7 - 27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Park Cem.

18. (a) Signature of funeral director Riley Undertaker

(b) Address 3759 Finney Ave. St. Louis

19. (a) JUL 23 1948 (b) J. F. Broadbent
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2734 Lucas St (If rural, give location) 9
2 / (e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1948 hour 12 minute x5 p. M.

21. I hereby certify that I attended the deceased from June 13, 1948 to July 21, 1948
that I last saw her alive on July 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastric Ulcer Duration Undet.

Due to _____

Due to ///

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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) (b) Means of injury _____

23. Signature Charles Froger (M. D. or other)
Address 2601 N. Whittier Date signed 7/22/48

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 4341

P. O. Address..... Shaw 13 New

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.