

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3408

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4467** Registrar's No. **298**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park	c. LENGTH OF STAY (in this place) 76	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park	4761
d. FULL NAME OF HOSPITAL OR INSTITUTION 100 Petty's Hill Rd.		d. STREET ADDRESS (If rural, give location) 100 Petty's Hill Rd.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JEFFERSON	b. (Middle) D.	c. (Last) GISH	a. Feb.	b. 3rd.	c. 1950

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. ?? 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 5 Days 2	IF UNDER 24 HRS. Hours ? Min. ?
-----------------------	----------------------------------	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Paduka Kentucky /	12. CITIZEN OF WHAT COUNTRY? USA.
--	-----------------------------------	---	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE (late) Catherine Gish
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Alma La Rose,	ADDRESS 100 Pettys Hill Rd. Valley Park Mo.
---	--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 8 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute terminal phase of chronic Myocarditis		? yrs
	DUE TO (c) Cardio-vascular-renal disease		? yrs
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-3-50 5:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **11-27**, 19**50**, to **2-3-50**, 19**50**, that I last saw the deceased alive on **2-3-50**, 19**50**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. C. Cunningham	(Degree or title)	23b. ADDRESS D.D. Valley Park, Missouri	23c. DATE SIGNED 2-3-50
---	-------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/6/50	24c. NAME OF CEMETERY OR CREMATORY Bethany Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
--	----------------------------	---	---

DATE REC'D BY LOCAL FEB 4 1950	REGISTRAR'S SIGNATURE Herbert K. Donke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith	ADDRESS 7456 Manchester Rd. Maplewood, Mo.
--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

4021

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.

Student Embalmer No.....

Signed.....

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

Signed.....
Student Embalmer

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.