

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14529**
Registrar's No. **4036**

#110647

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 9179	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5016 BEACON AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		7	

3. NAME OF DECEASED (Type or Print)	a. (First) CECELIA	b. (Middle)	c. (Last) GADDIS	4. DATE OF DEATH (Month) (Day) (Year) May 3rd 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 20th 1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 6 Days 13	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN HOUSTON	13b. MOTHER'S MAIDEN NAME ELEANOR OSTRANDER	14. NAME OF HUSBAND OR WIFE LATE SAMUEL J. GADDIS
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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 H.M. DRISKILL, PTE. #3, VIENNA, ILL.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured gallbladder + bile peritonitis		23 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 of two gastric ulcers. subdiaphragmatic abscess			

19a. DATE OF OPERATION 4/21/50	19b. MAJOR FINDINGS OF OPERATION Gangrenous ruptured gallbladder + bile peritonitis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 586 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/18/50**, 19**50**, to **5/3/50**, 19**50**, that I last saw the deceased alive on **5/3/50**, 19**50**, and that death occurred at **1:15am** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas Moorman, M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 5/3/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL-MOTOR	24b. DATE 5 5/6/50	24c. NAME OF CEMETERY OR CREMATORY MINSON CEMETERY	24d. LOCATION (City, town, or county) (State) ASHLEY, ILLINOIS
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DATE REC'D BY LOCAL REG. MAY 4 1950	REGISTRAR'S SIGNATURE J. B. Lanter	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4805 MARK BR. BLVD.	ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

11-2-50

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John A. Mlenar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo*

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.