

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21557
1990

FILED JUN 17 1950

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1003

State File No. 1990
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWNS E. Louis</u>		c. LENGTH OF STAY (in this place) <u>50Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2249		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3521 Texas Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>3521 Texas</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>MARTIN</u>		c. (Last) <u>GOURLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-21-1881</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Baptist Hosp.</u>		11. BIRTHPLACE (State or foreign country) <u>S wanwick, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Moore Gourley</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Atcheson</u>			14. NAME OF HUSBAND OR WIFE <u>M ar y Swanwick Gourley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary G ourley, 3521 Texas, St. Louis, Mo.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Ovary 2 years</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbidity 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. _____						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>143X</u>				
22. I hereby certify that I attended the deceased from <u>Nov 15, 1945</u> to <u>June 6, 1950</u> that I last saw the deceased alive on <u>May 10, 1950</u> , and that death occurred at <u>7:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>3612 S. Jefferson Ave</u>		23c. DATE SIGNED <u>6-6-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Hope</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JUN 6 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M C L aughlin zFuneral Home, 2301 Lafayette</u>			

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

[Handwritten mark]

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 James R. Chapman
.....

Licensed Embalmer No. 4550

P. O. Address White House

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.