

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25052
Registrar's No. 6374

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> <u>2219</u> | |
| c. LENGTH OF STAY (In this place) <u>15 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>3142 Final Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips,</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Gertrude</u> | | a. (First) <u>Maxwell</u> | b. (Middle) |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1950</u> | |
| 5. SEX <u>Female</u> <u>3</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>✓</u> | 8. DATE OF BIRTH <u>Jan. 30, 1882</u> |
| 9. AGE (In years last birthday) <u>68</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> <u>9</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Louis Ross</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Widowed</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. <u>NO.</u> |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Hicve Ross</u> | | ADDRESS <u>1327 N. Prairie Ave.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | |
| MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma of stomach with metastases</u> | | | <u>Unknown</u> |
| ANTECEDENT CAUSES <u>to liver and regional lymph nodes</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | |
| 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 checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 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>151X</u> | |
| 22. I hereby certify that I attended the deceased from <u>July 9, 1950</u> to <u>July 20, 1950</u> , that I last saw the deceased alive on <u>July 20, 1950</u> , and that death occurred at <u>10:50 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>M. Lawrence, M. D.</u> | | 23b. ADDRESS <u>2601 N. Whittier</u> | 23c. DATE SIGNED <u>7-20-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 26, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>JUL 25 1950</u> | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Randle & Son 3133 Bell Ave.</u> | |

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. *269*

P. O. Address. *2769 Chauteau*

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.