

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 28202
 28982

| | | | | | | | | | |
|---|--|---|--|--|--|--|-------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST CLAIR | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST ST. LOUIS ILL | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. PACIFIC Hosp | | | | d. STREET ADDRESS (If rural, give location) 516 N 29 St 8120 | | | | | |
| 3. NAME OF DECEASED (Type or Print) JAMES | | | a. (First) | | b. (Middle) | | c. (Last) GAVETT | | |
| 4. DATE OF DEATH Sept. 7 1950 | | (Month) (Day) (Year) | | 5. SEX MALE | | 6. COLOR OR RACE WHITE | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH MAY 6 1891 | | 9. AGE (In years last birthday) 59 | | IF UNDER 1 YEAR Months Days | | IF UNDER 11 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR. ENGINEER | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (State or foreign country) MT. VERNON ILL | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME WM GAVETT | | | 13b. MOTHER'S MAIDEN NAME NELLIE DARE | | | 14. NAME OF HUSBAND OR WIFE STEWART KETA GAVETT | | | |
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME NELLIE GAVETT ADDRESS E. ST. LOUIS | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ cause unknown (dupp. report) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary occlusion, old | | | | | | INTERVAL BETWEEN ONSET AND DEATH 23 days | |
| 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) no | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 591K | | | | | |
| 22. I hereby certify that I attended the deceased from Aug. 16, 1950 , to Sept 7, 1950 , that I last saw the deceased alive on Sept 6, 1950 , and that death occurred at 4:50 a. m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE C.H. Johnson, M.D. (Degree or title) | | | | 23b. ADDRESS 1755 So. Grand | | 23c. DATE SIGNED 9/7/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REM. | | 24b. DATE SEPT 7 '50 | | 24c. NAME OF CEMETERY OR CREMATORY E. ST. LOUIS ILL | | 24d. LOCATION (City, town, or county) (State) EAST ST LOUIS ILL | | | |
| DATE REC'D BY LOCAL REG. SEP 7 1950 | | REGISTRAR'S SIGNATURE J. B. Frazier | | 25. FUNERAL DIRECTOR'S SIGNATURE Chas. Zumpo | | ADDRESS E. ST. LOUIS | | | |

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St Louis

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.