

No. 300
10. 48

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18068
State File No. 4630
Registrar's No.

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL

2. USUAL RESIDENCE (If deceased lived, If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 6821 Plateau

3. NAME OF DECEASED
a. (First) Margaret b. (Middle) Vernita c. (Last) Gabriel
4. DATE OF DEATH (Month) (Day) (Year) May 16 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH FEB. 14, 1913 9. AGE (In years last birthday) 38 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) WAITRESS - MOLL'S
10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT
11. BIRTHPLACE (State or foreign country) RED CLOUD, NEB.
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME GUY DAY 13b. MOTHER'S MAIDEN NAME LENA UNKNOWN 14. NAME OF HUSBAND OR WIFE Melvin Gabriel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME MELVIN GABRIEL ADDRESS 6821 PLATEAU

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction
ANTECEDENT CAUSES
**This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*
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. Lower nephron nephrosis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) m. _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 570.2

22. I hereby certify that I attended the deceased from 4/15, 19 51, to 5/16, 19 51, that I last saw the deceased alive on 5/16, 19 51, and that death occurred at 7:15 Am., from the causes and on the date stated above.

23a. SIGNATURE F.R. Bradley (Degree or title) M. D. 23b. ADDRESS BARNES HOSPITAL 23c. DATE SIGNED 5/16/51

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (RAIL) 24b. DATE MAY 17, 1951 24c. NAME OF CEMETERY OR CREMATORY RED CLOUD, NEB. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. MAY 17 1951 REGISTRAR'S SIGNATURE J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER ADDRESS 4728 S. KINGSHIGHWAY

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No..... *4007*

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.