

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18792

BIRTH NO. _____		REG. DIST. NO. 0317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 2105		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>		c. LENGTH OF STAY (in this place) <u>25yo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>		4336		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>716 Westgate</u>				d. STREET ADDRESS (If rural, give location) <u>716 Westgate</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) _____ c. (Last) <u>GAMM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 7 1951</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>unk</u>		9. AGE (In years last birthday) <u>26y</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Wash Merchants</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>shoes</u>		11. BIRTHPLACE (State or foreign country) <u>USSR</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Sylvan Gamm</u>			13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE <u>Beckie</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MON ROC GAMM 716 Westgate</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of Aorta</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>Unknown</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____				
22. I hereby certify that I attended the deceased from <u>June, 1946</u> , to <u>7 May, 1951</u> , that I last saw the deceased alive on <u>25 Apr, 1951</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Leo Sottlieb</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>457 N. Kingshighway St Louis</u>		23c. DATE SIGNED <u>8 May 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/8/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beth Hammond Hagwood Labue</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>5/8/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomke MD</u>		GENERAL DIRECTOR'S SIGNATURE <u>Thommas</u>		ADDRESS <u>2715 Madison</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Anderson
.....
Licensed Embalmer No. *4289*.....

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.