

300
48

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21605**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2487

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves	
c. LENGTH OF STAY (in this place) 26 days		d. STREET ADDRESS (If rural, give location) 879 Greeley Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) LOUISE	b. (Middle) EMILY	c. (Last) GAMP.	4. DATE OF DEATH (Month) (Day) (Year) June 23 1951
-------------------------------------	--------------------------	--------------------------	------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 17, 1867	9. AGE (In years last birthday) 84	10 UNDER 1 YEAR 3 Months	11 UNDER 12 HRS. 6 Hours	12. CITIZEN OF WHAT COUNTRY? USA
----------------------	-------------------------------	---	--	---	---------------------------------	---------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Louisville, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME William Link	13b. MOTHER'S MAIDEN NAME Mary Braun	14. NAME OF HUSBAND OR WIFE Leo H. Gamp, Sr.
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME George Gamp, #1 Hillard Drive	ADDRESS
---	-------------------------------------	--	---------

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) auricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 3-4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) fracture of femur		3 wks.
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 903.0		

19a. DATE OF OPERATION May 31, 1951	19b. MAJOR FINDINGS OF OPERATION Fracture neck of rt. femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

21a. ACCIDENT OR OTHER CAUSE ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Became dizzy and fell in bathroom of home.
--	--	--

22. I hereby certify that I attended the deceased from Nov 1951, to June 23, 1952, that I last saw the deceased alive on Jan 27, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Velleman M.D.	23b. ADDRESS 5320 Big Bend	23c. DATE SIGNED 6/23/51
---	-----------------------------------	---------------------------------

24a. BURIAL/CREMATION, REMOVAL (Specify) burial	24b. DATE 6-25-51	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 6-23-51	REGISTRAR'S SIGNATURE Hubert R. Donike M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.
---	--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

James W. A., 2164 21 E.

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address St. Louis, Mo

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.