

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29470

State File No. ....

SEP 3 - 1952

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 7926

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5048 WESTMINSTER		d. STREET ADDRESS (If rural, give location) 5048 WESTMINSTER	
3. NAME OF DECEASED a. (First) HOWARD		b. (Middle)	c. (Last) GAMBRILL
		4. DATE OF DEATH (Month) (Day) (Year) AUG. 21, 1952	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep't 10, 1867
			9. AGE (In years last birthday) / If under 1 year: Months / Days / If under 12 hrs: Hours / Min. 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor.. Retired.. Self employed..		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Augusta, Georgia, /
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Launcelot Gambrell		13b. MOTHER'S MAIDEN NAME Anna Mann Garvin	14. NAME OF HUSBAND OR WIFE Frances Thompson Gambrell
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Gambrell Jr, 5048 Westminister Plc.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rectal Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH Terminal
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Rectum	1 1/2 yrs
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis general	6-10 yrs
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)	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? 154X	
22. I hereby certify that I attended the deceased from Aug. 14, 1952, to Aug. 21, 1952, that I last saw the deceased alive on Aug. 14, 1952, and that death occurred at 2 A.m., from the causes and on the date stated above.			
23a. SIGNATURE H.K. Roberts M.D.		23b. ADDRESS 7220 Washburn	23c. DATE SIGNED Aug 21, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/23/52	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. AUG 21 1952	REGISTRAR'S SIGNATURE C. R. Lupton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,	

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

283 (Licensed Embalmer's Statement on Reverse Side)

**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.