

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40981**

No. 300  
10.48

FILED DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3129

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>456 Crest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>456 Crest</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnest</u> b. (Middle) <u>Walter</u> c. (Last) <u>Gingrich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4th 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 22, 1950</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Earnest D. Gingrich</u>	13b. MOTHER'S MAIDEN NAME <u>Winifred Lasher</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earnest Gingrich</u>	ADDRESS <u>456 Crest, Kirkwood, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral palsy</u>		
	DUE TO (c) <u>mental deficiency</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>351X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 10-18, 1951, to 12-4, 1952, that I last saw the deceased alive on 12-4, 1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Gauden M.D.</u>	23b. ADDRESS <u>7803 Clayton Rd</u>	23c. DATE SIGNED <u>12.6.52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Toulon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Toulon Illinois</u>
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DATE REC'D BY LOCAL REG. <u>12-6-52</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Danks - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Funeral Home</u>	ADDRESS <u>456 Manchester, Maplewood, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 W. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.