

FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3161

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **0862**

1. PLACE OF DEATH a. COUNTY <i>St Louis Mo</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St Louis</i>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Baptist Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Overland</i>	
		d. STREET ADDRESS (If rural, give location) <i>8247 Paramount Drive</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>IDA</i>		b. (Middle) <i>MAY</i>	
		c. (Last) <i>GULL</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>1 23 53</i>		5. SEX <i>F</i>	
6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
8. DATE OF BIRTH <i>12-31-1896</i>		9. AGE (In years last birthday) <i>56</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (State or foreign country) <i>Lafe, Arkansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Jack Vowell</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Frances Woods</i>	
14. NAME OF HUSBAND OR WIFE <i>Ernest Gull</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Ernest Gull</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS <i>919 N. Taylor</i>	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Congestive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr.</i>	
ANTECEDENT CAUSES		<i>unable</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<i>state</i>	
DUE TO (b) <i>Old myocardial Infarct - fibrosis</i>			
DUE TO (c) <i>Arteriosclerosis - coronary</i>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death <i>Pulmonary atelectasis bilateral - some cases</i>			
19a. DATE OF OPERATION <i>1/20/53</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <i>Large atypical Enlarged Uterus</i>			
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 <i>4201</i>			
22. I hereby certify that I attended the deceased from <i>1/17</i> , 19 <i>53</i> , to <i>1/23</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>1/22</i> , 19 <i>43</i> , and that death occurred at <i>3:54</i> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>E. W. Davis M.D.</i>		23b. ADDRESS <i>3805 S. Broadway</i>	
23c. DATE SIGNED <i>1/29/53</i>			
24a. BURIAL CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>1-23-53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Rector, Ark.</i>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>JAN 26 1953</i>		REGISTRAR'S SIGNATURE <i>J. C. Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Irby F.H.</i>		ADDRESS <i>Rector, Ark.</i>	

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

Ronald C. Yankke

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.