

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **16562**

S. No. 300
v. 10.487

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1174

4001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 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>Valley Park</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 4713</u> | |
| c. LENGTH OF STAY (in this place) <u>1 Month</u> | | d. STREET ADDRESS (If rural, give location) <u>717 Coulter Ave</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Moll's Nursing Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Gourley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April 10 1875</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (State or foreign country) <u>Tennessee</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>America</u> | | | | | |

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| 13a. FATHER'S NAME <u>UNKNOWN Gourley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sara Jane UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>- Anna Gourley</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>89-18-1893</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>AMargel Wann</u> | | ADDRESS <u>717 Coulter Ave,</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u> | | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u> | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 3-15, 1953, to 4/24, 1953, that I last saw the deceased alive on 4/22, 1953, and that death occurred at 2:45 am., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>C. Theslie M.D.</u> | 23b. ADDRESS <u>Kirkwood 22 Mo.</u> | 23c. DATE SIGNED <u>4/24/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-27-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St Peters Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>4-24-53</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Danks M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u> | ADDRESS <u>Kirkwood 22 Mo.</u> |
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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

William H. Putney

Licensed Embalmer No. *4316*

P. O. Address *Kennerly, 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.