

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

V. S. No. 300  
Rev. 10-48

FILED AUG 20 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6599**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>15 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>3527 Market St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		18	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) c. (Last) <b>Gamble</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 30 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 12, 1903</b>	9. AGE (In years last birthday) <b>49</b> IF UNDER 1 YEAR <b>10</b> Months IF UNDER 24 HRS. <b>18</b> Hours <b>15</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Humboldt Bldg.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Birmingham, Alabama</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Samuel Gamble</b>	13b. MOTHER'S MAIDEN NAME <b>Molly (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Fannie Gamble</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>410-05-8028</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fannie Gamble</b>	ADDRESS <b>3527 Market Street</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left indirect complete irreducible strangulated inguinal hernia P. O.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>.Herniorrhaphy with small bowel resection</b>			

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) <b>561.0</b>
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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?
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22. I hereby certify that I attended the deceased from **6-27**, 19**53**, to **6-30**, 19**53**, that I last saw the deceased alive on **6-30**, 19**53**, and that death occurred at **9:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Earl Bell Smith D.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>6-30-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/3/53</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Montgomery, Alabama</b>
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DATE REC'D BY LOCAL REG. <b>JUL 3 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>	ADDRESS <b>4107 Finney</b>
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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4259

P. O. Address 4707 7

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.