

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33241

State File No.

FILED SEP 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8169**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8169		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 2 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2089		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 1810 Cambridge Lane, 21,				
3. NAME OF DECEASED (Type or Print)		a. (First) LILLIAN		b. (Middle) ELIZABETH		c. (Last) GAMBLE		
4. DATE OF DEATH		(Month) AUGUST		(Day) 21st		(Year) 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH January 24th, 1912		
9. AGE (In years last birthday) 41		If UNDER 1 YEAR Months _____		If UNDER 1 YEAR Days _____		If UNDER 1 Mts. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Raymond F. Allen		13b. MOTHER'S MAIDEN NAME Edith Heller		14. NAME OF HUSBAND OR WIFE Charles W. Gamble	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Charles W. Gamble		
17. ADDRESS 1810 Cambridge Lane, 21		MEDICAL CERTIFICATION						
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) Metastatic carcinoma (brain, lungs, right Femur) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma left breast radical mastectomy				20. AUTOPSY? June 1953 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) _____		21. HOW DID INJURY OCCUR? 170X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 8-18 , 19 53 , to 8-21 , 19 53 , that I last saw the deceased alive on 8-21 , 19 53 , and that death occurred at 8:17P m., from the causes and on the date stated above.				
22. SIGNATURE Everene L. Arnold M.D.		(Degree or title) _____		23b. ADDRESS 8700 Partridge		23c. DATE SIGNED 8/22/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/25/53		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. AUG 24 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 Natural Bridge Blvd.				

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

(If needed Embalmer's Statement on Reverse Side)

Hours between 1:00 PM & 3:00 PM
(SATURDAY SURE)

FILE IN CITY

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 Ralph E. Linders

Licensed Embalmer No. 4275

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.