

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37204
State File No. 37204
Registrar's No. 9577

FILED OCT 23 1953

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

| | | | | | |
|---|------------------------|--|--------------------------------|---|-----------------------------|
| 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 St. Louis, Missouri | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | e. STREET ADDRESS (If rural, give location) 2610 Lafayette Ave. 23 2239 | | | |
| 3. NAME OF DECEASED (Type or Print) HOWARD | | a. (First) b. (Middle) c. (Last) GEMMEL | | 4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 4, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Oct. 15, 1888 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Army Personell | | 11. BIRTHPLACE (City and State or Foreign Country) S. Dakota | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Andrew Gemmel | | 13b. MOTHER'S MAIDEN NAME Emma McRae | |
| 14. NAME OF HUSBAND OR WIFE None | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I | | 16. SOCIAL SECURITY NO. Unknown | |
| 17. INFORMANT'S SIGNATURE OR NAME City Hospital Records | | 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. | | 19. INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infection | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia, Bilateral DUE TO (c) Hydronephrosis | | 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 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 601X | |
| 22. I hereby certify that I attended the deceased from 10-1-53, 19, to 10-4-53, 19, that I last saw the deceased alive on 10-4-53, 19, and that death occurred at 9:30P m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Martin H. Austin M.D. | | 23b. ADDRESS 1515 Lafayette Avenue | | 23c. DATE SIGNED 10-5-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE 10-7-53 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | DATE REC'D BY LOCAL REG. OCT 6 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Morrell Funeral Home, 4212 St. Louis | | ADDRESS | | | |

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *374*.....

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