No. 300
10-48

FILED JAN 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45330

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12273

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PARK LANE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI 4/33
b. COUNTY: ST. LOUIS 6
c. CITY OR TOWN: UNIVERSITY CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 1
e. STREET ADDRESS (If rural, give location): 6811 UNIVERSITY DRIVE

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): A
c. (Last): GUMP.

4. DATE OF DEATH (Month) (Day) (Year): DEC. 26, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Feb. 20, 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail Road Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Rock Island R.R.
11. BIRTHPLACE (City and State or Foreign Country): Hume, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gabriel Gump.
13b. MOTHER'S MAIDEN NAME: Mary Morrell.
14. NAME OF HUSBAND OR WIFE: Christine Heeger.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 708-14-3571
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Louis A. Zimmermann. 1439 Union Ave.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c) Hypertension 270-60

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemaplegia L Side 12-26-53

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: none (Hemaplegia 10 a.m. died 11 P.M.)

22. *I hereby certify that I attended the deceased from* 12-3, 1953, *to* 12-26, 1953, *that I last saw the deceased alive on* 12-26, 1953, *and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Coma Lead no) (Degree or title): M. Hamann Pally M.D.
23b. ADDRESS: 2739 N Grand
23c. DATE SIGNED: 12-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 12/30/1953
24c. NAME OF CEMETERY OR CREMATORY: St. Jordans Ev, Cemetery.
24d. LOCATION (City, town, or county) (State): Jeffersburg, Missouri

DATE REC'D BY LOCAL REG.: DEC 29 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. R. LUPTON & SONS, 7233 Delmar Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 40

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.