

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20048**
Registrar's No. **5115**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. In Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Barnes Hospital** e. STREET ADDRESS (If rural, give location) **12 Westgate Hotel 706 N. Kingshighway**

3. NAME OF DECEASED (Type or Print)
a. (First) **MORRIS** b. (Middle) **L.** c. (Last) **GASKILL** 4. DATE OF DEATH (Month) (Day) (Year)
June 11, 1955

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Aug. 3, 1882** 9. AGE (In years last birthday) **72** 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) **Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Westgate Hotel** 11. BIRTHPLACE (City and State or Foreign Country) **Niagara Falls, N.Y.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Unknown Gaskill** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Adda Gaskill**

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. **376-112-8603** 17. INFORMANT'S SIGNATURE OR NAME **Kenneth Gaskill** ADDRESS **Cleveland, Ohio 17315 Walden Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
18. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Atelectasis of Lungs,** INTERVAL BETWEEN ONSET AND DEATH _____
II. OTHER SIGNIFICANT CONDITIONS **Fracture of Right Femur,**
followed by fall when deceased tripped over guard rail of empty island at south end of Kingshighway about 500 yards.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
20a. ACCIDENT (Specify) **Accident** 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) **Street** 20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **June 9 55 50 p.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **E9045**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:40** p.m., from the causes and on the date stated above. **45**

23a. SIGNATURE **Patricia Taylor Creager** (Degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **6.13.55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **6-14-55** 24c. NAME OF CEMETERY OR CREMATORY **Mo. Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUN 13 1955** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshausen** ADDRESS **4228 S. Kingshighway Bl.**

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 *E. Kevin A. McDevitt*.....

Licensed Embalmer No. *302*.....

P. O. Address

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