

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **42066**  
Registrar's No. **10939**

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 <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1.</b>		e. STREET ADDRESS (If rural, give location) <b>15 4652 MICHIGAN 2119/10</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>GAMACHE</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 11, 1955.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN 9 1901</b>
9. AGE (In years last birthday) <b>54</b>		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) <b>SHEET METAL WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>LOUIS GAMACHE</b>	
13b. MOTHER'S MAIDEN NAME <b>CHRISTINA ENGELMEIER ROTH</b>		14. NAME OF HUSBAND OR WIFE <b>GAMACHE</b>	
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>494-05-3435</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>ALICE FORMAN</b>		ADDRESS <b>4655 MICHIGAN</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TENSION PNEUMOTHORAX</b> 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) _____ DUE TO (c) _____  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 <b>520 x</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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?			
22. I hereby certify that I attended the deceased from <b>12-5</b> <sup>1955</sup> to <b>12-12</b> <sup>1955</sup> , that I last saw the deceased alive on <b>12-11</b> <sup>1955</sup> , and that death occurred at <b>6:10 P.M.</b> <sup>1955</sup> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W.A. Kalalin</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1515 LAFAYETTE AVE</b>	
23c. DATE SIGNED <b>12-12-55.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Dec 14, 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>New ST. MARCUS</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 13 1955</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutie 2906 Gravois</b>	

WRITE PLAINLY—USING UNEADING 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..... *James C Hill*

Licensed Embalmer No. *434*

P. O. Address *2906 G*

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.