

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17940

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1003

State File No.

4730

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's 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, Mo.		c. LENGTH OF STAY (In this place) 10 yrs.		c. CITY OR TOWN St. Louis		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 (If not in hospital or institution, give street address or location) 2423 Belle Glade Ave.				e. STREET ADDRESS (If rural, give location) 4377 Finney Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Camille			b. (Middle)		c. (Last) Gullet		4. DATE OF DEATH (Month) (Day) (Year) May 12, 1956		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 26, 1917		9. AGE (In years last birthday) 38 IF UNDER 1 YEAR: Months 7 Days 16 IF UNDER 24 HRS.: Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Sebree, Kentucky			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Garrett Radford			13b. MOTHER'S MAIDEN NAME Ethel Rucks			14. NAME OF HUSBAND OR WIFE Rev. Joach N. Gullet			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. Joach N. Gullet 4377 Finney 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis; Cardiac Hypertrophy; Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis; Cardiac Hypertrophy; Pulmonary Edema DUE TO (c) Edema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 59.2x					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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 456 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert P. Taylor				23b. ADDRESS 1300 Elm Ave		23c. DATE SIGNED 5-11-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Holy Sepulchre Cem.		24d. LOCATION (City, town, or county) (State) Chicago, Illinois			
DATE REC'D BY LOCAL REG. MAY 15 1956		REGISTRAR'S SIGNATURE Kash Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash		ADDRESS 3847 Page Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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 *C. J. Nash*.....

Licensed Embalmer No. *243*.....

P. O. Address *3847 Bay*.....

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.