

318

1003

574461-022576  
STATE FILE NUMBER

AMENDED FILED JUN 29 1961

Registration District No. Primary Registration District No. Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Missouri</i>		c. CITY OR TOWN <i>St Louis</i>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis City Hosp # 1</i>		d. STREET ADDRESS (If outside, give location) <i>2842 Gamble St</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Ellie</i> Middle <i>Mae</i> Last <i>Gary</i>	4. DATE OF DEATH Month <i>June</i> Day <i>17</i> Year <i>1961</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-25-16</i>	9. AGE (last birthday) <i>44</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>General services administration</i>	11. BIRTHPLACE (City and state or country) <i>Madison Miss</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Benjamin Herring</i>	13b. MOTHER'S MAIDEN NAME <i>Lizzie Murphy</i>	14. NAME OF HUSBAND OR WIFE <i>Oliver Gary</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Address <i>Glennie Johnson 2842 Gamble St</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the Stomach</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 mo.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>with widespread metastases</i>	
	DUE TO (c) <i>151x</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>May 12, 1961</i> to <i>June 17, 1961</i> and last saw her alive on <i>June 17, 1961</i>
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Death occurred at *5:50A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Marie Celec MD</i> (Degree or title)	22b. ADDRESS <i>1515 Lafayette Avenue</i>	22c. DATE SIGNED <i>6-17-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>6/23/61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
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24. FUNERAL DIRECTOR <i>Thomas Jackson</i> ADDRESS <i>2741 Dickson</i>	25. DATE RECD. BY LOCAL REG. <i>JUN-20-1961</i>	26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i>
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MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Leroy W. Jannister

Licensed Embalmer No. 4523

P. O. Address 4251 Waco

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.