

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL-26695

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8771**

**61-034326**  
STATE FILE NUMBER

AMENDED

FILED SEP 27 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>8 DAYS</b>	c. CITY OR TOWN <b>MADISON</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VAH, 915 NO. GRAND AVE.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>815 WASHINGTON</b>
3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>GADDIS</b> Last		4. DATE OF DEATH Month <b>9</b> Day <b>19</b> Year <b>1961</b>	

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/7/90</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hunter Packing Co.</b>		11. BIRTHPLACE (City and state or country) <b>MERIDAN, MISSISSIPPI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOE GADDIS</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA NEWMAN</b>		14. NAME OF HUSBAND OR WIFE - - - - -		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)  
**YES WW-I**

17. INFORMANT Address **E. ST. LOUIS, ILLINOIS**  
**OTIS GADDIS (BRO) 2224 ILLINOIS AVE.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **CARCINOMIA OF PANCRESS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. **VA** attended the deceased from **9/11/61** to **9/19/61** and last saw **him** alive on **9/19/61**  
Death occurred at **9:35 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**RUSSELL M. PRESTON M.D.**

22b. ADDRESS  
**VAH, ST. LOUIS, MO.**

22c. DATE SIGNED  
**9/19/61**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE  
**9/25/61**

23c. NAME OF CEMETERY OR CREMATORY  
**National Cemetery**

23d. LOCATION (City, town or county) (State)  
**Jefferson Barracks, Mo.**

24. FUNERAL DIRECTOR ADDRESS  
**Marion's Offices E. St. Louis, Ill.**

25. DATE RECD. BY LOCAL REG.  
**SEP 21 1961**

26. REGISTRAR'S SIGNATURE  
**Russell M. Preston**

**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 Frank Brako pf

Licensed Embalmer No. 4356

P. O. Address St. Louis, Mo.

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.