MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

0016533

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4478 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB | AMENDED | MY FILED 14 64

VS 300 Rev. 4/59

Item	Date Amended
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b:
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1020 So. 14th — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE / COUNTY: Mo.
   c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 1020 So. 14th. St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) — First: Theodore — Middle: F — Last: Gamache

4. DATE OF DEATH — Month: May — Day: 5 — Year: 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-26-87

9. AGE (last birthday): 77 Yrs. — 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): Bldg. Maintanance

10b. KIND OF BUSINESS OR INDUSTRY: Mueri Realty Co.

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edward Gamache

13b. MOTHER'S MAIDEN NAME: Mary Grenon

14. NAME OF HUSBAND OR WIFE: Jennie Gamache

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 11-23-17 to 4-7-19

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Mrs Betty McCarron (Daughter)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

		Interval
IMMEDIATE CAUSE (a)	Coronary Occlusion	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	?
DUE TO (c)	Diabetes mellitus 260X	2½ yrs.

Per Helen L[illegible] Coroner 5-6-64

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

MEDICAL CERTIFICATION

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. I attended the deceased from May 16, 1962, to Dec. 10, 1963 and last saw him alive on Dec. 10, 1963

Death occurred at 10:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature], MD

22b. ADDRESS: 3654 South Grand Blvd.

22c. DATE SIGNED: 5-6-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Removable

23b. DATE: May 8, 1964

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

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

24. FUNERAL DIRECTOR — ADDRESS: Edw. Feadler 5611 So. Grand

25. DATE RECD. BY LOCAL REG.: MAY 6 1964

26. REGISTRAR'S SIGNATURE: Read Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Jam Rumbley

Licensed Embalmer No. 3663

P. O. Address St Louis PMC

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.