DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44702

Registration District No. 784 Primary Registration District No. 116 Registrar's No. 2177

1. PLACE OF DEATH:
(a) County Baldwin Mo
(b) City or town Ladue Rt 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Times Beach
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3958 Cottage (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDWARD J. GAMACHE
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 25 1876 (Month) (Day) (Year)
8. AGE: Years 63 Months 5 Days 16 If less than one day hr. min.
9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Self
FATHER 12. Name Edw Gamache
13. Birthplace Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Dixon
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Gamache
(b) Address 3925 Cottage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-39 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olive
18. (a) Signature of funeral director Bircher
(b) Address 5849 Delmar
19. (a) DEC 11 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 10 year 1939 hour 5 minute 30pm M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to:	
Due to: 94	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? no (e) Means of injury

23. Signature John J. Lowe (M. D. or other)
Address Coroner of St. Louis County Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 6-17-39 I x19811

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address.....

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 this body is not embalmed, above space should be left blank.