

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 39018
Registrar's No. 10437

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 39018		Registrar's No. 10437	
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					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital					e. STREET ADDRESS (If rural, give location) 3624a Shenandoah				
3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) G. c. (Last) GAMACHE					4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 29, 1912		9. AGE (In years last birthday) 39	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Bonne Terre, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George W. Gamache			13b. MOTHER'S MAIDEN NAME Emily Skaggs			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. ---			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emily Gamache-3624a Shenandoah			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Arrhythmia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PheriphelVascular Collapse DUE TO (c) Gastric Dilatation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 12 hrsx.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 350X						20. AUTOPSY? YES ☒ NO ☐	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 16, 1932, to Nov. 22, 1951, that I last saw the deceased alive on Nov 22, 1951, and that death occurred at 11:25 PM, from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Emma Sykes M.D.					23b. ADDRESS 5400 Arsenal Street			23c. DATE SIGNED 11/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/26/51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri			
DATE REC'D BY LOCAL REG. NOV 24 1951		REGISTRAR'S SIGNATURE Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welder		ADDRESS 3634 Gravois		

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert C. Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

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 this body is not embalmed, fact should be so stated above.