FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8870

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2353

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2712a Utah Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 56 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2712a Utah Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDMOND L. GAMACHE

3. (b) If veteran, name war None- - -

3. (c) Social Security No. 496-12-5053

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Franke Gamache

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 13, 1883
(Month) (Day) (Year)

8. AGE: Years 56 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Glue Mfg. Co.

FATHER
12. Name Edmond Gamache
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Alice Lester
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. Bertha Gamache

(b) Address 2712a Utah Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Rendernwood Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) MAR 11 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 9, 19 40, to Mar 9, 19 40; that I last saw h alive on Mar 9, 19 40; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Brochial Asthma	

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? (e) Means of injury

23. Signature L Berg (M. D. or other) MD

Address 4503 Nebraska Date signed 3/9/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19311

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

3-5

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.....

Max Warfel, Registered Apprentice No. 215,

working under my personal supervision.

Signed Felix J. Kreisinger

Licensed Embalmer No. 3797

P. O. Address 1936 St. Louis

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.