

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3831

-61-015152

STATE FILE NUMBER

FILED APR 27 1961

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWNLength of stay in lb  
34 Hours2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louisc. CITY  
OR TOWN

Lemay

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Alexian Brothers Hospital

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
323 Placid ave.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Elvin

Middle F.

Last Gamache

4. DATE  
OF DEATH

Month April

Day 20

Year 1961

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3-19-19199. AGE (last birthday)  
42IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Brewer

10b. KIND OF BUSINESS OR INDUSTRY  
Anheuser-Busch Inc.11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
U S A

13a. FATHER'S NAME

Frank A. Gamache

13b. MOTHER'S MAIDEN NAME

Catherine Schmidt

14. NAME OF HUSBAND OR WIFE

Florence

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW\*2

16. SOCIAL SECURITY NO.

498-01-9159

17. INFORMANT

Florence Gamache 323 Placid ave. Lemay, Mo.

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

IMMEDIATE CAUSE (a)

Carcinoma of lungs

INTERVAL BETWEEN  
ONSET AND DEATH

6 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

163x

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 ☐ Unknown19. 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 Month, Day, Year  
a.m. p.m.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 Nov 1 to 60 april 61 and last saw her april 30-61  
him alive on april 30-61  
Death occurred at 12.50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. S. Pyne M.D.

22b. ADDRESS

27529 Cherokee

22c. DATE SIGNED

4/21/61

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

4-24-1961

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Bks. Mo.

24. FUNERAL DIRECTOR

Hoffmeister Mortuaries  
7814 S. Broadway

ADDRESS

25. DATE RECD. BY LOCAL REG.

APR 21 1961

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*John L. Dennehy*

Licensed Embalmer No. 4194

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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