

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.

APR 8 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13309

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo* (No., *Contaminated* St. Ward)

Registration District No.
Primary Registration District No.

791
1003

File No.
Registered No. *3394*

2. FULL NAME

Phillip Gamache (GAMA'che)

(a) Residence, No. *7341 Vermont* St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mary Gamache</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 26, 1862</i>		
7. AGE <i>73</i>	YEARS <i>10</i>	MONTHS <i>1</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Carpenter</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Carpenter</i>
10. Date deceased last worked at this occupation (month and year) <i>April 1929</i>		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>		
13. NAME <i>William Gamache</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>		
15. MAIDEN NAME <i>Mary Bann</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>		
17. INFORMANT <i>Henry C. Allen M.D.</i> (ADDRESS) <i>5300 Arsenal</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>De Sota Mo</i> DATE <i>Mar. 31, 1936</i>		
19. UNDERTAKER <i>John P. Pridmore Jr</i> (ADDRESS) <i>7122 Michigan</i>		
20. FILER <i>J. T. Bredeck</i> MAR 30 1936 Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>March 27, 1936</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>July 2, 1934</i> , to <i>March 27, 1936</i> I last saw him alive on <i>March 27, 1936</i> Death is said to have occurred on the date stated above, at <i>4:30 P.M.</i> The principal cause of death and related causes of importance were as follows: <i>Lobar Pneumonia</i> <i>(Left lower lobe)</i> <i>100</i> Other contributory causes of importance: <i>Cystotomy</i> <i>removal of kidney stones</i> Name of operation <i>Cystotomy</i> Date of <i>3/23/36</i> What test confirmed diagnosis? <i>Autopsy</i> Was there an autopsy? <i>Yes</i> 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) <i>Henry C. Allen</i> M. D. (Address) <i>5300 Arsenal</i>

