V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15367

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 845

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home 4 Hlui. H
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One year
In this community One Day (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. 12th.& Russell Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosina Gamache

3. (b) If veteran, name war no.
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Andrew Gamache
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased June (Month) 17 (Day) 1857 (Year)

8. AGE: Years 86 Months 9 Days 17 If less than one day ......hr. ......min.

9. Birthplace Louisville Ky (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business none

FATHER
12. Name Unkown
13. Birthplace — (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant Martin Kaiser
(b) Address 5721 McPherson Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Chas.J.Kron Funeral Home
(b) Address 4911 Washington Blvd.
19. (a) APR 6 1943 (Date received local registrar) (b) C. H. McGloran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from September 15th, 1943 to April 5, 1943
that I last saw her alive on April 4th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage | Duration

Due to

Due to

Other conditions Arterio-Sclerosis
(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? (e) Means of injury

23. Signature R. W. Jansen (M. D.)
Address Manchester, Mo Date signed 4/5/43

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Lemmick

Licensed Embalmer No. 3793

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.