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

Do not use this space.

32588

1. PLACE OF DEATH

County .... Registration District No. 781

Township .... Primary Registration District No. ....

City St Louis (No. City Hospital .... St. .... Ward)

File No. ....

Registered No. 9401

9178

2. FULL NAME William E. Gillespie

(a) Residence, No. 2901 St. Vincent St., Ward 17
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14 - 1861

7. AGE: YEARS 70, MONTHS 1, DAYS 22. If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): Retired

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

FATHER

13. NAME: John Gillespie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Abigal Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: Hospital Information, Grace Kopp
(ADDRESS): City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 9-7 1931

19. UNDERTAKER McLaughlin
(ADDRESS) 1631 Mo. ave

20. FILED SEP 8 1931, 19.... Wm C Parker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25th, 1931, to Sept. 5th, 1931

I last saw h... alive on Sept 5th, 1931. Death is said to have occurred on the date stated above, at 1:40 P.M.

The principal cause of death and related causes of importance were as follows: | Date of onset

Chronic myocarditis
generalized arterio-sclerosis

936

Other contributory causes of importance:

senility

126

930

Name of operation .... Date of ....

What test confirmed diagnosis? clinical Was there an autopsy? No

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) J. B. Macnish, M. D.

(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.