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

Do not use this space.

b 37558

File No. 10233
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 7101

Township ..... Primary Registration District No. 1004

City ST. LOUIS MO. (No. 2829 a, MADISON ST. St. ..... Ward)

2. FULL NAME WALTER SCOTT GILMORE.

(a) Residence, No. 2829a MADISON ST. St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE.	WHITE.	MARRIED.

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR ~~WIFE OF~~) SOPHIA GILMORE.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/18/1849.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	83	-----	------	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SMYTHE BROOM CO.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) NEW ORLEANS. 2
(STATE OR COUNTRY) LA.

FATHER

13. NAME WALTER GILMORE.

14. BIRTHPLACE (CITY OR TOWN) ENGLAND. ?
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME NOT KNOWN.

16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS. /
(STATE OR COUNTRY)

17. INFORMANT Mrs Florence Bischler
(ADDRESS) 4044 N. NEWSTEAD AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ZIONS CEMETERY. DATE 11/21/32 19

19. UNDERTAKER Provost Und. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED NOV 21 1932 [signature] Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/18/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 18, 1932

I last saw ~~him~~ alive on Nov 17, 1932. Death is said to have occurred on the date stated above, at 9-10 m. P.M.

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

	Date of onset
Bronchial Pneumonia	
107.8	
100	
Other contributory causes of importance: Senility	

Name of operation — Date of —

What test confirmed diagnosis? — 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? No

If so, specify

(Signed) L. W. Davies, M. D.

(Address) 2327 N. Market St.

WRITE PLAINLY. Every item of information should be stated EXACTLY. AGE should be stated EXACTLY. Place should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.