

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

Do not use this space.

41509

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (No. St. Louis Co. Hospital) St. _____ Ward _____
 2. FULL NAME Robert G. Gilley
 (a) Residence, No. 6529 Corbett Ave St. _____ Ward _____
 (Usual place of abode) City No (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pearl Gilley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 12 - 1895</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>1</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Boiler Maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>28</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind. 2</u>		
FATHER	13. NAME <u>Charles Gilley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Rose Spainhour</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT <u>Clarence H. Gilley</u> (ADDRESS) <u>560 Langland, St. City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Battle Creek, Mich</u> DATE <u>Dec. 13, 1932</u>		
19. UNDERTAKER <u>Louis H. Bopp</u> (ADDRESS) <u>Kirkwood Mo.</u>		
20. FILED <u>Dec 11, 1932</u> <u>K. W. Sullivan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1932, to Dec. 11, 1932
 I last saw him alive on Dec 11, 1932 Death is said to have occurred on the date stated above, at 2:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset abt 1927
Diabetic Coma
59
104A
59
 Other contributory causes of importance:
Acute upper respiratory infection abt Dec 9, 1932
 Name of operation _____ Date of _____
 What test confirmed _____ Was there an autopsy? _____

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) B. J. Glassberg _____, M. D.
 (Address) Metropolitan Bldg - St. Louis, Mo.

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.

JAN 5 1933

MARGIN RESERVED FOR BINDING

V.S. NO. 2.

OCT 18 1946