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

Do not use this space.

22004

791

1003

File No. 5755

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. 5700 S. Kennerly Ave. St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Charles Robt Gillespie

(a) Residence, No. 5700 S. Kennerly St., 5 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: 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 Louise M. Gillespie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-13-1880

7. AGE: Years 53 | Months 11 | Days 25 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 6/11/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME J M Gillespie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Mary A McGee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Hester Deering St. Louis
(ADDRESS) 5583 Bamgate

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE 6/11-34, 19

19. UNDERTAKER Heffernan & Sons
(ADDRESS) 6175 Delmar

20. FILED JUN -9 1934, 19 J F Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to June 8, 1934

I last saw h... alive on June 8, 1934 Death is said to have occurred on the date stated above, at 10 30 a m.

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

| | Date of onset |
|---|---|
| 1 941 Coronary Thrombosis | June 7 |

Other contributory causes of importance: 9 4 b

Name of operation Date of

What test confirmed diagnosis? Electro Cardiogram 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) A M Frank, M. D.

(Address) 714 Mo Theatre Bldg

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.

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