

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.

3 1934  
DEC 13 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo** (No. **City Jefferson**) ..... St. .... Ward)

File No. **40816**  
 Registered No. **10761**

**2. FULL NAME**

**John Gilla**  
 (a) Residence, No. **City Infirmary (UNKNOWN)** **13** Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **11** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX - <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec 13, 1877</b>		
7. AGE YEARS <b>56</b>	MONTHS <b>10</b>	DAYS <b>26</b>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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) **St. Louis Missouri**

13. NAME **Rueben Gilla**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Katherine ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **J. Jordan**  
(ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary Cemetery** DATE **11/10**, 19**34**

19. UNDERTAKER **Meek & Dickman**  
(ADDRESS) **3039 6th St**

20. FILED **NOV -9 1934** **Joe J. Bredeck**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/8/34**, 19...  
 22. I HEREBY CERTIFY, That I attended deceased from **9/27/34**, 19... to **11/8/34**, 19...  
 I last saw him alive on **11/8/34**, 19... Death is said to have occurred on the date stated above, at **7:58** A. M.  
 The principal cause of death and related causes of importance were as follows:

**Chronic myocarditis** Date of onset 1934  
**926**  
**1520**  
**930**  
 Other contributory causes of importance:  
**Oedulitis right leg** 1934  
**cause unknown**  
**Nov 7-13**

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) **Maxim J. Hawley, M.D.**  
 (Address) **5600 Arsenal**

OCT 28 1947