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.

100M-11-24-33

AUG 9 1935

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

Do not use this space.

24494

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5873

City St. Louis (No. Wabash Railway tracks St. ..... Ward)
Lindell & Union Aves.

2. FULL NAME Frank Gilly

(a) Residence, No. 5622 Enright 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 30 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: YEARS 55 | MONTHS — | DAYS — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... janitor
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): unknown Austria

FATHER
13. NAME: unknown Gilly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Austria

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Austria

17. INFORMANT (ADDRESS): Mrs. Julia G. Strinni 3921 Blair Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE July 9 1935

19. UNDERTAKER (ADDRESS): Suedmeyer & Sons 3934 N. 20 St.

20. FILED JUL 9 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:10 A.m.

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

Fracture of Skull - Laceration of Brain - Compound fractures of arms and leg - Laceration of Body received when struck by train

Date of onset

Other contributory causes of importance:

Accident Pedestrian

194 L
207 M

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 7/5, 1935

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place.

Manner of injury Struck by train

Nature of injury Fractured Skull - etc -

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M.D.

(Address) [signature]

7/12/35