

SEP 16 1935

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

Do not use this space.

791
1003

27776

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. Bethesda Hospital)

File No.....
 Registered No. 6825 St. 23 Ward 6825

2. FULL NAME William L. Gilchrist

(a) Residence, No. 2044 Lafayette St., 23 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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*) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 5 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME William L. Gilchrist

14. BIRTHPLACE (CITY OR TOWN) Detroit
 (STATE OR COUNTRY) Michigan

MOTHER
 15. MAIDEN NAME Ethel Gray

16. BIRTHPLACE (CITY OR TOWN) Arkansas
 (STATE OR COUNTRY)

17. INFORMANT Wm L. Gilchrist
 (ADDRESS) 2044 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE West Frankfort, Ill. 8/11 19. 35

19. UNDERTAKER A. H. M. Laughlin
 (ADDRESS) 2301 Lafayette Ave

20. FILED AUG -9 1935
J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1935, 19
 22. I HEREBY CERTIFY, That I attended deceased from 7-2-35, 19, to 8-8-35, 19.
 I last saw him alive on 8-8-35, 19. Death is said to have occurred on the date stated above, at 8:55 PM.
 The principal cause of death and related causes of importance were as follows:

Ac. enterocolitis Date of onset 7-1-35

Other contributory causes of importance:

M. tuberculosis

Name of operation None Date of.....
 What test confirmed diagnosis? clinical 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) W. H. Riley, M. D.
 (Address) 4660 Maryland

