APR 27 1937

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

Do not use this space.

File No. 13451

Registered No. 72

1. PLACE OF DEATH
County St. Louis — Registration District No. 789
Township Central — Primary Registration District No. 6033
City Pine Lawn (No. Edgewood Nursing Home St. Ward)

2. FULL NAME Mary May Gill
(a) Residence, No. 4201 Edgewood Blvd. St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Gill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1868

7. AGE — Years: 68 — Months: 8 — Days: 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Ill.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. Wenda
(ADDRESS) 377 N. Taylor St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava, Ill DATE Feb. 27, 1937

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar

20. FILED 2-25, 1937 A. A. Roehner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1937 to 2-25, 1937
I last saw her alive on 2-25, 1937. Death is said to have occurred on the date stated above, at 8:30a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Unresolved pneumonia	1-10-35
Other contributory causes of importance: Broncho Pneumonia	1-10-35

Name of operation None Date of
What test confirmed diagnosis? X-ray 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 None
(Signed) Trott Embrey M. D.
(Address) 340 Berniwood

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.

9. St. [illegible]

340 Bermuda

Evergreen 4940