AUG - 5 1937

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

Do not use this space.

25523

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 6697

City St. Louis (No. Rector Hotel St. ..... Ward)

2. FULL NAME Katherine Gillham

(a) Residence, No. 4170 Lindell Blvd. St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: William E.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/22/1866

7. AGE: 71 YEARS; MONTHS: #; DAYS: 17; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home
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) Kirkwood Ill

FATHER

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

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs L. M. Hatfield Oklahoma City Okla

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monmouth Ill DATE 7/13/37, 19

19. UNDERTAKER (ADDRESS) Harrigan & Sheahan Und Co 4415 Washington Blvd.

20. FILED JUL 12 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-15-37, 19, to 7-9-37, 19, I last saw her alive on 7-8-37, 19 Death is said to have occurred on the date stated above, at 7:45 AM m.

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

Myocarditis Chronic
Endocarditis Chronic

Other contributory causes of importance:

Pernicious Anaemia

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

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) B. A. Mannells M.D., M. D.
(Address) American Hotel

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.

1 X9314

DATE OF ADMISSION 10
HEARING 5 DAYS
COMMENCED 1/7/37
TERMINATED 1/8/37
Judgment
Unknown
Unknown
Unknown