JAN 10 1938

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

791
1003

42853
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 11103

(c) City Saint Louis (d) Street No. Homer G. Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Gill

(a) Residence, No. 4129 Enright Avenue St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~WIFE OF~~ Lillian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown- 1899

7. AGE: Years 38 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butler
9. Industry or business in which work was done, as saw mill, bank, etc. Private Family
10. Date deceased last worked at this occupation (month and year) Nov. 27, 1937
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merriweather Co. Georgia

FATHER

13. NAME Albert Gill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Georgia

MOTHER

15. MAIDEN NAME Lucy Underwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Georgia

17. INFORMANT Louis Gill
(ADDRESS) 4061 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Dec. 3, 1937

19. FUNERAL DIRECTOR Charles J. Bates
(ADDRESS) 4107 Finney Avenue

20. FILED DEC 2 1937 J. E. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29/37, 19

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 7:35 A.M.

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

	Date of onset
1st, 2nd, and 3rd Degree Burns of head, neck and chest, as a result of starting a fire with coal oil causing an explosion, at 7709a Fordey Ave., on Nov. 28, 1937	

Other contributory causes of importance:
time unknown.
(Bldg. did not burn).

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? Accident Date of injury 11/28, 19 37
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.
at 7709a Fordey Ave.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Alfred Berry M.D.

(Address) 1300 Clark Avenue

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)