

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

9058
 Do not use this space.

REC'D APR 11 1936

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis Mo** (d) Street No. **Butheran Hospital** St. **2647**
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. **2**

2. PRINT FULL NAME

(a) Residence, No. **William Gilmore 4.5%** St. **NR Columbia Ill**
 (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Amalia Gilmore**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1-4-1861**
 7. AGE YEARS **77** MONTHS **2** DAYS **15** IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
 9. Industry or business in which work was done, as 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) **Illinois**

FATHER 13. NAME **William Gilmore**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Gilead Johnson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT (ADDRESS) **Robert Gilmore Milledst Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Milledst Ill** DATE **3-21 1936**

19. FUNERAL DIRECTOR (ADDRESS) **E. J. Schneider Columbia, Ill.**

20. FILED **MAR 20 1936 J. P. Budick Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-19 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 16 1938** to **Mar. 19 1938**

I last saw ~~her~~ alive on **Mar 15 1938** Death is said to have occurred on the date stated above, at **A. M.**

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

Lobar Pneumonia (R)

Date of onset **3/15**

Other contributory causes of importance:

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 **R. Berg**

(Signed)....., M. D.

(Address) **2253 Nebraska**

WHILE IN PLAIN, 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.

STATEMENT BY LICENSED EMBALMER

I, Howard F Rowland, Licensed Embalmer No. 3114

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

L. E.

No. _____ or by _____, Registered Apprentice No. 3114

working under my personal supervision.

Signed

Howard F Rowland

Licensed Embalmer No. 3114

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.)