

DEC 5 - 1938 [REV. DEC 8 1938

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

40388  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis 3 Registration District No. 784  
(b) Township 1 Primary Registration District No. 115 Registered No. 1979  
(c) City University City (d) Street No. 6600 Washington Old Falls Christian Ch.  
(e) Length of residence in city or town where death occurred 453 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME Amelia Gillenwater  
(a) Residence, No. 6600 Washington Ave. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Louis A. Gillenwater  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6th. 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 7 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
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) Rochester N. Y. 1  
13. NAME Joseph Schoenweitz  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6  
15. MAIDEN NAME Elizabeth Baltis  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6  
17. INFORMANT (ADDRESS) Mary E. Craig 6600 Washington Ave.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Dec 5 1938  
19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home 1167 Hamilton Ave  
20. FILED J.R. Meyer, M.D. Dec 7 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4/1938  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 - 1938 to Dec 4 - 1938  
I last saw her alive on Dec 4 - 1938. Death is said to have occurred on the date stated above, at 7:30 P. M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis Date of onset 1915  
Other contributory causes of importance: Sensitivity  
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? no  
If so, specify \_\_\_\_\_  
(Signed) J. R. Meyer, M. D.  
(Address) 607 1/2 N. Grand St.

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, ....., Licensed Embalmer No. ....

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

L. E. ....

No.....or by.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*J. J. Sullivan*

Licensed Embalmer No. 1122

**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.)**