

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.

Registration District No. 784 Primary Registration District No. 210 State File No. _____ Registrar's No. 59

FILED FEB 7

1. PLACE OF DEATH:

(a) County ST LOUIS COUNTY 1940
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 9710 S. BROADWAY
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 71 years.

3. (a) PRINT FULL NAME WILHELMENA GILLMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife CHARLES GILLMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 4-23-56
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 15 If less than one day hr. _____ min. _____

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature 9710 S. Broadway

(b) Address Minnie Sebarach

17. (a) BURIAL (b) Date thereof JAN 12 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS CEMETERY

18. (a) Signature of funeral director HEILSTAG FUNERAL HOME

(b) Address WIMMSWICK MO

19. (a) JAN 9 - 1940 (Date received local registrar) (b) W. R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 8
year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939, to Jan 8, 1940, that I last saw her alive on Jan 8 and that death occurred on the date and hour stated above.

Immediate cause of death Cause of stomach (Primary) Duration 1 year

Due to _____
Due to 46

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. R. Meyer (M. D. or other) W. R. Meyer

Address 7606 Webster Date signed 1-9-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

F. Elton Missou....., Registered Apprentice No. *206*
working under my personal supervision.

Signed *Elmer Heiligtag*.....

Licensed Embalmer No. *3571*.....

P. O. Address *Kimmewick MD*.....

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.)

If this body is not embalmed, above space should be left blank.