FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8963

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2446

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6659 Devonshire Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Myrtle A. Gillette

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Guy R. Gillette

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 16, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	27	hr. min.

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

10. Usual occupation At home

11. Industry or business At home

MOTHER FATHER

12. Name H. L. Finley

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

14. Maiden name Priscilla Cribbs

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

16. (a) Informant's own signature Mrs W. J. Phelps

(b) Address 6659 Devonshire, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/40 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) MAR 13 1940 (Date received local registrar) (b) J. F. Riedel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13 year 1940 hour 910 minute 17 M.

21. I hereby certify that I attended the deceased from Mar 6 1940, to Mar 13, 1940 that I last saw her alive on Mar 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis acute with decompensation + Bronchitis — Duration 1 wk

Due to Hypertensive vascular disease

Due to acute myocarditis following

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

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature V. D. Michael (M. D. or other) M.D.

Address 506 Clinic Date signed 7/13/40

(Licensed Embalmer's Statement on Reverse Side)

50M-5-17-39
Rev. 5-17-39
1 X19511

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay

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.