

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16508

State File No. _____

Registrar's No. **3986**

Registration District No. **791**

Primary Registration District No. **1003**

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: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME NATHAN GILDON **435**

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Crazy Gildon 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased (Month) Jan (Day) 15 (Year) 1893

8. AGE: Years 47 Months 3 Days 17 If less than one day hr. _____ min. _____

9. Birthplace (City, town, or county) St Louis (State or foreign country) Mo

10. Usual occupation Labour

11. Industry or business Foundry - 1936

12. Name: Samuel Gildon

18. Birthplace (City, town, or county) St Louis (State or foreign country) Mo

14. Maiden name Unknown

15. Birthplace (City, town, or county) St Louis (State or foreign country) Mo

16. (a) Informant Crazy Gildon

(b) Address 2333 Scott Ave

17. (a) Burial (b) Date thereof May 6th 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Attins Bros

(b) Address 3644 Finney Ave

19. (a) MAY 3 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis **22**
(If outside city or town limits, write "RURAL")
(d) Street No. 2333 Scott
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1940 hour 10:40 minute A M.

21. I hereby certify that I attended the deceased from April 27 1940 to May 2 1940
that I last saw him alive on May 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease

Duration 3-5yrs

Due to _____

Due to _____

Other conditions (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?

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

23. Signature H. J. Lyman (M. D. or other) _____
Address 2601 N Whitier Date signed _____

5/3/40

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

ES

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 _____

Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finne

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.