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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30213

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 7490

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5073 Kensington
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert A. Gillaspy

3. (b) If veteran, name war None

3. (c) Social Security No. 494-01-5908A

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Vivian Gillaspy

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 12, 1874 (Month) (Day) (Year)

8. AGE: Years 66 | Months 4 | Days 22 | If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Vatterott Realty Co.

MOTHER FATHER

12. Name John Gillaspy

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

14. Maiden name Nancy Wright

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

16. (a) Informant Vivian Gillaspy

(b) Address 5536 Pershing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 6 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 year 1940 hour 8.30 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug. 22, 1940, to Sept 4, 1940; that I last saw him alive on Sept 4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abscess in abdominal cavity	5 days
Due to: rupture of intestine	?
Due to: Food poisoning + vomiting caused from eating spoiled sausage which caused a general inflammation which	10 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operation: large pelvic abscess	
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

Signature Phil Bauett M.D. (M. D. or other)

Address 1200 N. Big Bend Date signed 9/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 Florenz Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.