

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 40360

Registrar's No. 10131

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis mo
(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: 2615 A INDIANA
(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 Mo. (b) County _____
(c) City or town ST. LOUIS MO. 23
(If outside city or town limit, write "RURAL")
(d) Street No. 2615 A INDIANA.
(If rural, give location)
(e) If foreign born, how long in U. S. A. No Attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 9
year 1940 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis with Occlusion of Cerebral Arteries and Edema

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

Major findings: _____
Of operations _____
Of autopsy _____

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 Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 12/9/40

8. (a) PRINT FULL NAME CONRAD C. GILLMAN

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

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

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept 30 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Near Maxville mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Laborer

12. Name Kimberlan Gillman

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

14. Maiden name Katharina Estatt

15. Birthplace Near Maxville mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Margaretta Gillman
(b) Address 2615 A Indiana av. St. Louis mo.

17. (a) _____ (b) Date thereof Dec-13-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Neilington Funeral Home
(b) Address Kimmswick mo.

19. (a) Dec 10 1940 (b) J. J. Budach
(Date received by registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Arthur W. Blighting

Licensed Embalmer No.

3892

P. O. Address

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.