No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40850

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 10621

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

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: 2627 S 13th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 31 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St.Louis. 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2627 S 13th St. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 31 Years. years.

3. (a) PRINT FULL NAME DORA GILLOT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Peter Gillot

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 10th 1877
(Month) (Day) (Year)

8. AGE: Years 63 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Hungary 7
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 7

11. Industry or business Housewife 7

FATHER
12. Name ? Huhn
13. Birthplace Hungary
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Susan Holtzmann
(b) Address 2627 S 13th St.

17. (a) Burial (b) Date thereof Dec 26/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nes St.Marcus Cem.

18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave.

19. (a) DEC 25 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1940 hour 5 55 A.M. minute M.

21. I hereby certify that I attended the deceased from June 14, 1940, to Dec. 21, 1940;
that I last saw her alive on Dec 21, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	20 Days
Due to Arteriosclerosis Hypertension	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature George C. Bess (M. D. or other) MD
Address 3606 Gravois Date signed 12-25-40

(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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

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

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