

Registration District No.

Primary Registration District No.

Registrar's No.

7081

## 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:  
4412 St. Louis Ave.  
 (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)

## 3. (a) PRINT

FULL NAME Sophia Gilmore3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married,  
divorced Wid.

6. (b) Name of husband or wife Walter Gilmore  
 6. (c) Age of husband or wife if  
alive Dead. years

7. Birth date of deceased Nov. 26th. 1855  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	9	26	hr. _____ min.

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

10. Usual occupation Housework

## 11. Industry or business \_\_\_\_\_

12. Name Joemine Tesson

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

14. Maiden name None Know

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

16. (a) Informant Walter Gilmore(b) Address 4412 St. Louis Ave.

17. (a) Burial (b) Date thereof 9-3-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery18. (a) Signature of funeral director Provost Ind. Co.(b) Address 3710 N. Grand Blvd.

19. (a) SEP 2 1941 (b) J. P. Budick  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4412 St. Louis Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st.  
 year 1941 hour 10.15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Aug 20 1941  
 \_\_\_\_\_, 19\_\_\_\_, to Aug 30 1941, 19\_\_\_\_,

that I last saw her alive on Aug 30, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to chronic infectious hepatitis

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 J. P. Budick (M. D. or other) \_\_\_\_\_  
 Address 2901 W. Newland Date signed 9/2/41

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED OCT 18 1941

L.F. Stricker  
2401 N. Newcastle  
So 6400

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand

**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, fact should be so stated above.**