

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30381
Registrar's No. 7720

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 1
(d) Street No. 4109 Concordia Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24, year 1941 hour 1:15 minute A. M.
21. I hereby certify that I attended the deceased from September 10, 1941 to September 24, 1941 that I last saw her alive on September 24, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: *Arteriosclerosis Heart Disease*
Due to: _____
Due to: _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: *refused*
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: *J. S. Baesch* (M. D. or other)
Address: 1515 Lafayette Avenue, Date signed 9/24/41

3. (a) PRINT FULL NAME Julia Gillham
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced, Wid.
6. (b) Name of husband or wife Henry B. Gillham
6. (c) Age of husband or wife if alive Decd. a. years
7. Birth date of deceased July 12th, 1874 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 12 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name ? Thast
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
14. Maiden name Dont Know (City, town, or county) (State or foreign country)
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Julia Kemp
(b) Address 4109 Concordia Ave.

17. (a) Burial (b) Date thereof 9-27-41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Sun Set Burial Park

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N Grand Blvd.

19. (a) SEP 25 1941 (b) J. S. Baesch (Date received local Registrar) (Registrar's signature)

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

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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 *Robert L Bunkeman*

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand B*

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.