

S. No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3521

State File No. _____

FILED FEB 11 1942

Registration District No. 70

Primary Registration District No. 115

Registrar's No. 268

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CHRISTIAN OLD PEOPLES HOME
(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 MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3840² SHEENADOA H. AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADAH GILLHAM -

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 3, 1942
year 8 hour 30 minute P. M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GEORGE GILLHAM -

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

7. Birth date of deceased: 4 - 17 - 59
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3 1942 to Feb 3 1942
that I last saw him alive on not seen before death 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 9 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death: Coronary thrombosis due to arterio sclerosis (Induced by anxiety)

Due to _____

Due to _____

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

10. Usual occupation PRACTICAL NURSE

Other conditions This certificate signed
(Include pregnancy within 3 months of death)
E. Carson, physician

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

Major findings: _____

Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS MAUD ROARK -

(b) Address 6600 WASHINGTON AVE.

17. (a) BURIAL (b) Date thereof FEB 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY
Shoemaker Funeral Home

18. (a) Signature of funeral director _____

(b) Address 1167 Hamilton Ave. -

19. (a) FEB 4 1942 (b) _____ (Registrar's signature) JC
(Date received local registrar)

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) _____ (Means of injury)

23. Signature E. Carson (M. D. or other) _____

Address Kennelwood Bldg. Date signed 2-7-42

3604 W.I.
1800

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 J. Wm. Binkley
Licensed Embalmer No. 3653
P. O. Address St. Louis, Mo.

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.