S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4368

State File No. 1405

FILED MAR 17 1942

Registration District No. 791 I

Primary Registration District No. 1002

Registrar's No.

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: St. Johns Hosp. λ
(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 St. Louis 96

(c) City or town Kirkwood NR 4
(If outside city or town limits, write "RURAL")

(d) Street No. 643 Pearl St. 3
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John F. Gillespie

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 24 (Day) 1884 (Year)

8. AGE: Years 57 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name Frank J. Gillespie
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Mary Sullivan
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Jean Gillespie
(b) Address 643 Pearl St. Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) FEB 1 4 1942 (Date received local registrar) (b) J. F. Bieheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb. day 13, year 1942 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan 21 1942 to Feb 13 1942 that I last saw him alive on Feb 12 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Congestive Heart Failure	5 wks.
Due to Hypertension	—
Due to Generalized Arteriosclerosis	—
Other conditions Pulmonary Infarction (Include pregnancy within 3 months of death)	1 wk.

Major findings:
Of operations —
Of autopsy Myocardial Infarcts (healed) Pulmonary Infarcts

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 Alphonse McMahon (M. D. or other)
Address 506 Mo. Bldg Date signed 2-14-42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Sheldon Collier

Licensed Embalmer No. 3382

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, fact should be so stated above.