U. S. No. 2
Rev. 11-10-39
Rev. 5-17-39
No. I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11791

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 282

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles, 1908 W. Clay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town rural St. Peters
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? /

3. (a) PRINT FULL NAME James Francis Gillette
3. (b) If veteran, name war
8. (c) Social Security No.
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Gladys Gillette
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased March 10, 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 18 If less than one day hr. min.

9. Birthplace St. Charles, Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Benonie Gillette
13. Birthplace St. Charles Co. Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Moulthrop
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Gladys Gillette
(b) Address St. Peters, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Gillette Cem. St. Charles County
18. (a) Signature of funeral director
(b) Address Geo. Stiefvater, St. Peters, Mo.
19. (a) March 30, 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1942 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from Dec. 10, 1941, to March 28, 1942, that I last saw him alive on March 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	[illegible]
Due to Coronary Sclerosis	?
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 [signature] (M. D. or other)
Address [signature] Date signed 3-30-42

(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 E. A. Keithly

Licensed Embalmer No. 822

P. O. Address Bellow 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, above space should be left blank.