

FILED MAY 13 1942
Registration District No. _____

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County. **ST LOUIS**

(b) City or town. **MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **HOMEROPHILLIP HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **25 years** (Specify whether years, months or days)

In this community. **25 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **18 MOON**

(c) City or town. **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2952a Clark Ave**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME **Samuel Gill**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **499-01-3701**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2nd** year **1942** hour **9:45** minute **0** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **Ne.**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Violetta Gill**

6. (c) Age of husband or wife if alive **76 1/2** years

7. Birth date of deceased. **January 7 1877**
(Month) (Day) (Year)

Immediate cause of death. **Cerebral Apoplexy**

Due to _____

Due to _____

Other conditions. **82 N**
(Include pregnancy within 3 months of death)

8. AGE: Years **63** Months **8** Days **25** If less than one day **1 day**
hr. min.

9. Birthplace **Dekala Ala.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Sewer Dept; City of St. Louis**

MOTHER FATHER

11. Industry or business _____

12. Name **Samuel Gill**

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. _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Violetta Gill**

(b) Address **2952a Clark Ave**

17. (a) **BURIAL** (b) Date thereof **5-7-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Bernie Lane**

(b) Address **3103 Washington Ave**

19. (a) **MAY 6 1942** (b) **J. F. Redick**
(Date received local registrar) (Registrar's signature)

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)

By means of injury **3**

23. Signature **Alfred Henry** (M. D. or other) _____

Address **Capitol Square** Date signed **5/6/42**

8

844

NOV 25 1942

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.....

William Claude Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

2649 Delmar

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.