

S. No. 2
M-5-42
v. 5-17-39
I X327

State File No. _____
Registrar's No. **8984**

FILED NOV 11 1942 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Sanitarium 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **21 yrs. 10 mos. 3 days.**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **5519 Vernon**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **MARY GILL**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **Single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Mar. 12, 1872**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **14** If less than one day hr. min.

9. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **John Gill**

12. Name **John Gill**
13. Birthplace **Unknown France 5**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Gander**
15. Birthplace **Unknown France 5**
(City, town, or county) (State or foreign country)

16. (a) Informant **L. Dezzandy**
(b) Address **5300 Arsenal St.**

17. (a) **Burial** (b) Date thereof **Oct. 29/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centralia, Ill.**

18. (a) Signature of funeral director **Jos. W. Clark**
(b) Address **1125 Hodiament Ave.**

19. (a) **OCT 29 1942** (Date received local registrar)
J. P. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **26**
year **1942** hour **1:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **7-13-42**, 19____, to **10-26-42**, 19____;
that I last saw him/her alive on **10-26-42**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lung abscess 10-19-42
Due to **Abscess of Left kidney 8-4-42**

from a tubercular condition. Lung abscess not tubercular.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **JO**
Of autopsy **Yes. JO**

Duration _____
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 **Anthony K Busch** (M. D. or other) _____
Address **5300 Arsenal** Date signed **10/26/42**

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

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.....

Licensed Embalmer No. *3225*

P. O. Address *1125 Hochmoot Ave
at*

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.