S. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4212

Registrar's No. 1567

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: 5239 Ridge /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 5239 Ridge
(If rural, give location)

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

If yes, name country Scotland

3. (a) PRINT FULL NAME SARAH GILLIES

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife James S.

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

7. Birth date of deceased December (Month) 21, (Day) 1865 (Year)

8. AGE: Years 77 Months 1 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Scotland (State or foreign country) 4

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Joseph Till
13. Birthplace Scotland (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Mary Murress
15. Birthplace (City, town, or county) Scotland (State or foreign country) 4

16. (a) Informant Mrs. Emily Staphos

(b) Address 5239 Ridge Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) FEB 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th year 1943 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from June 17th, 1942 to Feb 15th, 1943 that I last saw her alive on Feb. 15th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage, Apoplexy — Duration 2/11 to 2/15 1943

Due to Hypertension - Myocardial Desease — 8 Months

Due to Senile Dementia — 8 months

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 August G. Nechman (M. D. or other) MD

Address 4660 Maryland Ave. Date signed 2/16/43

(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 Thomas R Fenwick

Licensed Embalmer No. 3793

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.