V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15370

State File No. 0

FILED APR 26 1943

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 843

96
7
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County SAINT LOUIS:
(b) City or town WEBSTER GROVES:
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
216 KINGSVILLE COURT: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community SEVERAL YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI: (b) County SAINT LOUIS 7
(c) City or town WEBSTER GROVES 4
(If outside city or town limits, write "RURAL")
(d) Street No. 216 KINGSVILLE COURT:
(If rural, give location)
(e) Citizen of foreign country? NO: (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HORACE M. GILLMAN
3. (b) If veteran, name war **********
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY ROTHWELL GILLMAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER 5 - 1880
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	5	0	hr. min.

9. Birthplace WASHINGTON D. C. /
(City, town, or county) (State or foreign country)
10. Usual occupation ASSISTANT COLLECTOR
11. Industry or business U.S. COSTOM SERVICE
FATHER
12. Name HOWARD M. GILLMAN
13. Birthplace WASHINGTON D. C. /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ELIZABETH LAYNE
15. Birthplace WASHINGTON D. C. /
(City, town, or county) (State or foreign country)
16. (a) Informant MRS MARY ROTHWELL GILLMAN
(b) Address 216 KINGSVILLE COURT.
17. (a) BURIAL (b) Date thereof 4/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY
18. (a) Signature of funeral director C.R.LUPTON & SONS
(b) Address 7233 DELMAR BLVD.
19. (a) 4-6-43 (b) E. G. McGovern, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1943 hour 9:05 minute P. M.
21. I hereby certify that I attended the deceased from Nov 28th 1939, to April 5, 1943;
that I last saw him alive on Feb 15, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	a few minutes
Due to Vascular hypertension and coronary sclerosis	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 9 Ha	

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 Samuel B Grant (M. D. or other) MD
Address 114 N. Taylor Date signed 4/6/43

711

(Licensed Embalmer's Statement on Reverse Side)

[redacted] B. Grant.
114 N. Taylor
JE-8600
Hrs. 1to4 P.M.

APR 26 1943

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 Paul Lemmier, Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 290

P. O. Address University City - 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.