

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26044

State File No. _____

X2948

FILED JUL 17 1943
Registration District No. 7

Primary Registration District No. 3023

Registrar's No. 1603

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis Co. Hospital
(d) Length of stay: In hospital or institution One day
In this community One day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town (Rural) Clencoe, R.R. #1
(d) Street No. Highway # -50
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Robert Lee Gilmore

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased June 28 1943

8. AGE: Years 0 Months 0 Days 15 If less than one day hr. min.

9. Birthplace St. Louis Co. Missouri

10. Usual occupation None

11. Industry or business None

12. Name Roosevelt Gilmore

13. Birthplace Gasconade Missouri

14. Maiden name Sissy Helen Boone

15. Birthplace Jefferson City Missouri

16. (a) Informant Roosevelt Gilmore

(b) Address Clencoe, Mo. R.R. #1

17. (a) Burial (b) Date thereof July 14 1943

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Fun. Home

(b) Address Ballwin, Mo.

19. (a) 7-13-43 (b) J. M. ...

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1943 hour 4 minute 0 A.M.

21. I hereby certify that I attended the deceased from 6:19 pm July 12 1943 to 4:00 am 7-13 1943 that I last saw him alive on 4:00 am 7-13 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus Duration 1 wk

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy dehydration incontinence

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature John Niedermeier (M.D. or other) M.D.

Address St. Louis Co Hwy Clayton Date signed 7-13-43

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

MOTHER FATHER

707

Not Embalmed 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.....

P. O. Address.....

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.