

V. S. No. 2
100M-2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Registration District No. Primary Registration District No. **1003**

State File No. **32316**
9302
Registrar's No.

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: **Enroute to City Hospital** 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0.04
17
22
(a) State **Missouri** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **514 Hickory St.**
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Otilla Elizabeth Gill**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **Unknown**
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **James Gill** 6. (c) Age of husband or wife if alive years
7. Birth date of deceased **February 25 1878**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **27**
year **1944** hour **10** minute **45** A.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.

8. AGE: Years Months Days If less than one day
66 8 2 hr. min.
9. Birthplace **Alton / Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Unemployed**
11. Industry or business
12. Name **Jacob Theison**
13. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Eva Shefford**
15. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)
16. (a) Informant **Susanna Pollard**
(b) Address **123 E. Broadway, Alton, Ill.**
17. (a) **Burial** (b) Date thereof **11-1-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
19. (a) **NOV 1 1944** (b) **J. T. Brudeck**
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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) (c) Means of injury
23. Signature **Albert H. Hoppe** (M. D. or other)
Address Date signed **11/24**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *James A. Lammers*
Licensed Embalmer No. *4142*
P. O. Address..... *St. Louis*

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.