

FILED MAY 24 1945

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 910

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs + 25 min
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 9th
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3414 Arroyo 1
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Gaspille
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 12
year 1945 hour 1:15 minute P.M.
21. I hereby certify that I attended the deceased from 4
12 1945 to 4-12 1945
that I last saw him alive on 4-12 1945
and that death occurred on the date and hour stated above.
Immediate cause of death cerebral hemorrhage Duration _____

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Dora Anderson 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased 10 (Month) 2 (Day) 1873 (Year)

Due to hypertensive ht. disease & generalized arteriosclerosis
Due to 93d
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 71 Months 5 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Gaspille

(b) Address 3414 Arroyo, Overland MO

17. (a) Burial (b) Date thereof 4-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Louis N. Boyd Sr.

(b) Address Riverside MO

19. (a) APR 16 1945 (b) E. G. Mc Gowan (c) _____
(Date received local registrar) (Registrar's signature)

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 David H. Timrod (M. D. or other)

Address 601. Beunwood Blvd Date signed 4/11/45

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

MAY 25 1945

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 Felix Almand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.

W.C. U. - ONE
MAY 25 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Overland
(If outside city or town limits, write "RURAL")

(d) Street No. 3414 Airway
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Goupille

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

20. DATE OF DEATH: _____ month _____ day
_____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora Goupille

6. (c) Age of husband or wife if alive 66 year

7. Birth date of deceased Oct 2 1878
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>6</u>	<u>10</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Elgin Ills.,
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Unknown Goupille

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Dora Goupille

(b) Address 3414 Airway, Overland Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4-14-45
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.,

18. (a) Signature of funeral director Louis H. Bonn Inc.,

(b) Address Kirkwood, Mo.,

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18087