

FILED AUG 3 1945
Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 6519

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr:00Months 9days
In this community 41 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ISIAH GILMORE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucy Gilmore 6. (c) Age of husband or wife if alive 1872 years
7. Birth date of deceased: I (Month) 6 (Day) 1872 (Year)

8. AGE: Years 73 Months 6 Days 16 If less than one day: _____ hr. _____ min.

9. Birthplace St., Charles County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name Mariond Gilmore

13. Birthplace 5800 Arsenal St. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Laura

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

16. (a) Informant Wm. Windsheimer

(b) Address 5800 Arsenal, St.

17. (a) Burial (b) Date thereof 7-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Bernie Lewis

(b) Address 3103 Washington Blvd.

19. (a) JUL 26 1945 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22,
year 1945 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 13, 1945,
and that death occurred on the date and hour stated above. July 22, 1945
that I last saw him alive on _____, 19____.

Immediate cause of death _____

Hypertensive Cardio Vascular Disease.

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?

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Edmund Brown Bowdler (M. D. or other)

Address City Infirmary Date signed 7/25/45

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

100
17
9

[Handwritten signature]

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *H. C. Claude Gordon*

Licensed Embalmer No..... *3489*

P. O. Address..... *4575 Aldine*

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.