S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39189

State File No. 11617

Registration District No. ED JAN 11 1946 318

Primary Registration District No. 1005

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: LUTHERAN HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DAYS (Specify whether

In this community 11 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County — 17

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 17

(d) Street No. 4120 FLAD. A (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME EUGENE GORDON GILL

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-26-4717

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JUNE MARSH GILL

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased OCTOBER (Month) -10- (Day) 1875 (Year)

8. AGE: Years 70 | Months 2 | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace SOUX FALLS (City, town, or county) S D (State or foreign country)

10. Usual occupation CHIEF HISTORIAN OF

11. Industry or business ST. LOUIS ORDANACE DIST

FATHER
12. Name UNKNOWN GILL
13. Birthplace UNKNOWN (City, town, or county) USA (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) USA (State or foreign country)

16. (a) Informant Walter E. Orthwein,

(b) Address 6 Winnetka Lane, Glendale, Mo.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JAN. 2-1946 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Parker Und Co

(b) Address WEBSTER GROVES - MO

19. (a) JAN 2 1946 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 year 1945 hour 2 minute 20 P M.

21. I hereby certify that I attended the deceased from Dec 22 1945 to Dec 30 1945; that I last saw him alive on Dec 30 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 wk
Due to Chronic Hypertension	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 A M Grant (M. D. or other) MD

Address 3607 Grandel Date signed Dec 31

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1946

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 Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.