

FILED NOV 4 1946

Registration District No. 307

Primary Registration District No. 3063

Registrar's No. 3458

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 HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr
(Specify whether
In this community 8 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County ST. LOUIS 96
(c) City or town So. Kinloch 9
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Ave 3
(If rural, give location)
(e) Citizen of foreign country? No 1
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SAUL GILLILAND
3. (b) If veteran, name war None
3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month 10-22 day —
year 1946 hour 9 minute 52 M.
21. I hereby certify that I attended the deceased from May 10-
1943 to 10-22- 1946
that I last saw him alive on 10-22- 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race Col
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ida Gilliland
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Aug 15 1876
(Month) (Day) (Year)

Immediate cause of death
apoplexy (Cerebral Hemorrhage)
Due to High Blood pressure
Due to 830
Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>7</u>	hr. min.

9. Birthplace TATE County Miss
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER (Retired)

11. Industry or business Own FARM
12. Name Tom Gilliland
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name LIZZIE
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Gilliland
(b) Address So. Kinloch, Mo

17. (a) Burial (b) Date thereof OCT 26 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros
(b) Address 14 Ave, Kinloch, Mo

19. (a) 10-28-46 (b) Ruth G. Calverton
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other)
Address [Address] Date signed 10-23-46

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

FATHER }
MOTHER }

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 W. Anderson*

Licensed Embalmer No. *4341*

P. O. Address. *St. Louis 13, 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.