

FILED JAN 13 1947
1948

Registration District No.

Primary Registration District No. 1003

Registrar's No. 11364

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:
3881 Washington Blvd.
(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)

3. (a) PRINT FULL NAME Ider Ann Gill

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Allen Gill 6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 17 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Paragould Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry C. Slatton

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

14. Maiden name Sarah Elrod

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

16. (a) Informant Minnie Master

(b) Address 3881 Washington Blvd.

17. (a) Removal (b) Date thereof 1-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paragould, Ark.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JAN 2 1947 (b) J. F. Bralich
(Date received local registrar) (Registrar's signature)

MOTHER, FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
 (d) Street No. 3881 Washington Blvd.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
 year 1946 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 1-46
1946 to Dec 31, 1946
 that I last saw her alive on Dec 31, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 1 yr

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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

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

Address 3903 Olive Date signed 1/1/47

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.....

R. W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.