S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22818

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1335

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15½ hrs. (Specify whether
In this community Non-Resident
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County 999
(c) City or town Pasadena 4
(If outside city or town limits, write "RURAL")
(d) Street No. 826 No. Molino 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Mable Gillis
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex F 1
5. Color or race wh
6. (a) Single, widowed, married, divorced wid. n
6. (b) Name of husband or wife Roy Gillis
6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased 7 (Month) 6 (Day) 18 96 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	11	13	hr. min.

9. Birthplace Slayton, Minn. 1
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Henry Stube
13. Birthplace Mankato, Minn. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah Nelson
15. Birthplace Cherokee, Iowa 1
(City, town, or county) (State or foreign country)
16. (a) Informant Bro. Earl Stube
(b) Address Robertsville, Mo.
17. (a) Burial (b) Date thereof 6/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pasadena, Calf.
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave
19. (a) 6-20-47 (b) Cecil A J Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 18th 1947 to June 19th 1947
that I last saw her alive on June 19th 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral vascular accident	1 day
Due to Hypertensive cardio vascular disease	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature Robert H. Kuhl (M. D. or other) MD
Address 601 Brentwood Clayton Mo Date signed 6-19-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 7 1947

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 Wilford G. Beasley

Licensed Embalmer No. 4202

P. O. Address St. Louis 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.