

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Faith 35401
State File No. _____
Registrar's No. 182

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2020 North Third
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 2020 North Third Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Gillis
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 11
year 1947 hour 3:00 minute _____ A.M.
21. I hereby certify that I attended the deceased from
10/11/47 19 to 10/11/47 19
that I last saw her alive on 10/11/47
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Thomas L. Gillis, deceased
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased March 31 1878
(Month) (Day) (Year)

Immediate cause of death Acute coronary occlusion Duration 2 hrs.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
69 6 10 hr. _____ min.

9. Birthplace St. Mary's Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Longworth

13. Birthplace St. Mary's Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Emma Harbold

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

16. (a) Informant Mrs. Thelma Emerick
(b) Address 600 Kammer Ave - Dayton, Ohio

17. (a) burial (b) Date thereof Oct 13-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
St. Charles, Mo.

18. (a) Signature of funeral director H. C. Hallmeyer & Sons Co.
(b) Address 800 N. 2nd - St. Charles, Mo.

19. (a) 10/15/47 (b) Francis H. Hunsicker
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Dr. J. L. ... (M. D. or other)
Address St. Charles Date signed 10/15/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 18 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.....

Herbert C. Dellmeyer

Registered Apprentice No. *429*

working under my personal supervision.

Signed *Joseph I. Landoer*

Licensed Embalmer No. *4189*

P. O. Address *St. Charles 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.