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2547

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI

State File No. 2547

BUREAU OF THE CENSUS
FILED JAN 22 1948

STANDARD CERTIFICATE OF DEATH

332

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 332

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros Hospital
(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 Mo (b) County 011
(c) City or town St. Louis 17
(If outside city or town limits write "RURAL")
(d) Street No. 2701-1/2 Howard 19
20 (If rural, give location) 10
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John L. Gilsinn

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Minnie Gilsinn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 29, 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

10. Usual occupation Postal Supervisor, retired

11. Industry or business _____

12. Name Unknown 7

13. Birthplace (City, town, or county) (State or foreign country) 7

14. Maiden name Unknown 7

15. Birthplace (City, town, or county) (State or foreign country) 7

16. (a) Informant Mrs. Chas. E. King, daughter

(b) Address 2201a Howard St.

17. (a) burial (b) Date thereof Jan 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Ass'n

18. (a) Signature of funeral director Harrigan & Sheahan Und. Co.
(Specify type of place)

(b) Address 4415 Washington Bl.
(c) Means of injury 0

19. (a) JAN 12 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 11
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 29
1947 to JAN 10 1948
that I last saw him alive on JAN 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema et. Duration _____

Due to Pneumonia et. side of

Due to 51

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

Major findings: Carcinoma of prostate
Of operations _____
Of autopsy same as above

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? _____

(e) Signature Stephen M. Tappin (M. D. or other) _____
Address 1016 Paul Brown Bldg. Date signed Jan 12 48

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

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.....

Ry W Wilkins

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.