S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6397

FILED FEB 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1620

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: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 6 4819 Hammett Ave (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sharon Elizebeth Gillham

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 6 (Month) 1948 (Day) (Year)

8. AGE: Years | Months 1 | Days 11 | If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business

FATHER

12. Name Brown Gillham

13. Birthplace East St. Louis, Ill (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mell Carmichael

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

16. (a) Informant O. G. Kurrus Jr.

(b) Address E. St. Louis, Ill

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

(c) Place: burial or cremation Mt. St. Louis, Ill.

18. (a) Signature of funeral director O. G. Kurrus Jr.

(b) Address East St. Louis, Ill.

19. (a) FEB 17 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1948 hour 11 minute 35 P M.

21. I hereby certify that I attended the deceased from 1/17/48 19 to Feb. 16th 1948; that I last saw h alive on Feb. 16th 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration of formula (Formula)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

23. Signature H. M. Eisen (M. D. or other)

Address City Hosp Date signed 4/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) H. M. Eisen

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed C. G. Kurrus Jr.

Licensed Embalmer No. 3162

P. O. Address E. St Louis Ill

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.