FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31020

Registration District No. FILED OCT 318

Primary Registration District No. 1003

Registrar's No. 8173

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: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town East St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1724 Baker 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LUEGENE GILMER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 21 (Day) 1893 (Year)

8. AGE: Years 55 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Newton (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

FATHER
12. Name William Lindsey
13. Birthplace Unknown (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Louis Gilmer
(b) Address 1724 Baker, E. St. Louis, Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept 19, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director J. L. Marshall
(b) Address 2205 Mo. Ave., E. St. Louis, Ill.

19. (a) SEP 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16
year 1948 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept. 12-48, 19, to Sept 16, 1948
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Hypertension

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 W. A. Young (M. D. or other)
Address 2337 Market Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Thomas M. Dabron

Licensed Embalmer No. 4479

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.