

FILED OCT 4 1948

Registration District No. **317**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lamay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mount St. Rose Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **[redacted]**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **817 Howard St.**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Fred L. Gilliam

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **3**
year **1948** hour **8** minute **25 P.M.**
21. I hereby certify that I attended the deceased from **7-4-48** to **9-3** 19**48**
that I last saw **him** alive on **9-3** 19**48**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Delpha Gilliam** 6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **Feb. 21 1894**
(Month) (Day) (Year)

Immediate cause of death: **Pulmonary tuberculosis**
F. A. 10
Duration **2 1/2 yrs**

8. AGE: Years **54** Months **7** Days **12** If less than one day hr. _____ min. _____

Due to _____
Due to **136**

9. Birthplace **Washington Co. Mo. (C)**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

11. Industry or business **none**

MOTHER FATHER { 12. Name **James Gilliam**
13. Birthplace **Washington Co. Mo. (C)**
(City, town, or county) (State or foreign country)
14. Maiden name **Estelle Hewitt**
15. Birthplace **Crawford Co. Mo. (C)**
(City, town, or county) (State or foreign country)

Major findings: Of operations **none done**
Of autopsy **not done**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Delpha Gilliam**

(b) Address **817 Howard St. Louis Mo.**

17. (a) **Burial** (b) Date thereof **9-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Near Highwood Mo.**

18. (a) Signature of funeral director **Mr. Luther Sparks**
(b) Address **Bellevue Mo.**

While at work? _____ (Specify type of place)
(e) Means of injury **(C)**

19. (a) **9-7-48** (b) **Carla J. Shapiro**
(Date received local registrar) (Registrar's signature)

23. Signature **William K. Frush** (M. D. or other)
Address **1901 S. Bldg.** Date signed **9-7-48**

OCT 4 1948

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..... *Murphy Sparks*

Licensed Embalmer No. *4236*

P. O. Address..... *Ft. River, 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: