

3300  
10-47  
17-39  
3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32229**

FILED OCT 26 1948  
Registration District No. **33**

Primary Registration District No. **3010**

Registrar's No. **314**

**1. PLACE OF DEATH:**  
 (a) County Cape Girardeau  
 (b) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
411 S. Pacific St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
 (Specify whether years, months or days)  
 In this community 59 years

3. (a) PRINT FULL NAME Selma Randolph Gilles

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-05-6573

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leonard O. Gilles 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 8 1889  
(Month) (Day) (Year)

8. AGE:	Years <u>59</u>	Months <u>7</u>	Days <u>5</u>	If less than one day hr. _____ min. _____
---------	-----------------	-----------------	---------------	--

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

10. Usual occupation Shoe Worker  
International Shoe Co.

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Bierschwal

13. Birthplace Cape Girardeau, County ✓  
(City, town, or county) (State or foreign country)

14. Maiden name Athena Blakebusch  
(City, town, or county) (State or foreign country)

15. Birthplace Cape Girardeau, County ✓  
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard O. Gilles

(b) Address 411 S Pacific St

17. (a) Burial (b) Date thereof 10-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

18. (a) Signature of funeral director G. J. Torberg

(b) Address Cape Girardeau, Mo

19. (a) 10-18-48 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Cape Girardeau  
 (c) City or town Cape Girardeau  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 411 S. Pacific  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 13  
year 1948 hour 5 minute 25 p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) 94A

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 3

23. Signature Dr. J. F. Sigmond Coroner  
Address Jackson, Mo. Date signed 10/14/48

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

RECEIVED

District Health Officer No. 4  
District File Number 1048-1308  
Date Filed 10-25-48

MAR 14 1949

OCT 28 1948

OCT 28 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 C. J. Lorberg  
Licensed Embalmer No. 3810  
P. O. Address Cape Girardeau

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.