FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 18 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 42669

Registration District No. 318 Primary Registration District No. Registrar's No. 11425

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 LUKES (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 DAYS (Specify whether years, months or days)

In this community ALL HIS LIFE

2. USUAL RESIDENCE OF DEACEASED:

(a) State MO (b) County S

(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL")

(d) Street No. 410 YORKSHIRE PLACE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE BEGGS GILMORE

3. (b) If veteran, name war

3. (c) Social Security No. 492-09-0118-B

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife FANNIE C. GILMORE

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased JAN (Month) 26 (Day) 1873 (Year)

8. AGE: Years 75 Months 11 Days 5 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business NAT'L LEAD CO

MOTHER FATHER

12. Name MATHEW GILMORE

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

14. Maiden name MARY ANN BEGGS

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

16. (a) Informant John C. Gilmore

(b) Address Kirkwood mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 3 1949 (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director Parker Und Co.

(b) Address Webster Groves Mo.

19. (a) JAN 2 1949 (Date received local registrar) (b) J B Fassler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31 year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from December 16, 1948 to December 31, 1948 that I last saw him alive on December 31, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 5 days

Due to Nephrosclerosis — 2 years

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) (1) Broncho-pneumonia (2) Hypertension (3) Arteriosclerotic heart disease

Major findings: Of operations

Of autopsy Not done

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature David M. Skelling Jr. (M. D. or other) M.D.

Address 4500 Olive Street Date signed 1-1-49

(Licensed Embalmer's Statement on Reverse Side)

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.