

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21058
3797
Registrar's No. _____

FILED JUL 15 1949

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>000</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2</u>			c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS 17</u>			d. STREET ADDRESS (If rural, give location) <u>STATE HOSPITAL</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>STATE HOSPITAL</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle)		c. (Last) <u>GILMORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1949</u>						
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Dec. 17, 1874</u>		9. AGE (in years last birthday) <u>74</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sta. Fireman</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Centralia Ill</u>			12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>Adam Gilmore</u>				13b. MOTHER'S MAIDEN NAME <u>Lucy Dillie</u>			14. NAME OF HUSBAND OR WIFE <u>Ora Maddox</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Maisel</u>			ADDRESS <u>East St. Louis, Ill</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>								INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								<u>1/12/48x</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>98</u>								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>H200</u>								
22. I hereby certify that I attended the deceased from <u>July 1, 1949</u> , to <u>July 3, 1949</u> , that I last saw the deceased alive on <u>July 3, 1949</u> , and that death occurred at <u>7:20 P.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Clarence Hyman M.D.</u>						23b. ADDRESS <u>5400 Arsenal St.</u>			23c. DATE SIGNED <u>7-4-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>			24d. LOCATION (City, town, or county) (State) <u>Belleville Ill</u>						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas M. Linker</u>			ADDRESS <u>East St. Louis, Ill</u>								

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East 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.