

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1949

State File No. 31786
7466 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Atchison</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>W.R. - 723 No. Seventh St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u> b. (Middle) <u>HERMAN</u> c. (Last) <u>Gill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 26th 1868</u>
9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Gill</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Gill - Atchison, Kansas</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovas. Diso</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-15 yrs?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benign Prostatic Hypertrophy</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyloronephritis, chronic</u> <u>Sydeonephrosis, left</u>		

19a. DATE OF OPERATION <u>Aug 26 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Atchison, Kansas</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by X</u>

22. I hereby certify that I attended the deceased from Aug 23, 1949, to Aug 26, 1949, that I last saw the deceased alive on Aug 26, 1949, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Huckstep M.D.</u>	23b. ADDRESS <u>1755 So. Grand, St. Louis, Mo</u>	23c. DATE SIGNED <u>Aug 26 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/27/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Atchison, Kansas.</u>

DATE RECD BY LOCAL HEALTH DEPT. <u>AUG 28 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Hasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe - 4700 Washington Bl</u>
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OCT 7 1949

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 J. H. M. White

Licensed Embalmer No. 3653

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.