

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31787**  
Registrar's No. **8374**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>12 - 710 Clara Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>CHARLES GILLMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 27, 1949</b>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Unknown</b>	9. AGE (In years last birthday) <b>Abt. 71</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Produce</b>		11. BIRTHPLACE (State or foreign country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY? <b>10</b>		

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Fannie Gillman</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Mike Gillman-710 Clara Ave.</b>		ADDRESS	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombo embolic disease &amp; gangrene of lower extremities</b> ANTECEDENT CAUSES <b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Circumstances of accident</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Great misadventure</b>					

19a. DATE OF OPERATION <b>August 49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Cecum</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) <b>St. Louis</b>	STATE <b>Mo</b>
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? <b>153 X</b>	

22. I hereby certify that I attended the deceased from **July 1949**, to **Sept 27, 1949**, that I last saw the deceased alive on **Sept 27, 1949**, and that death occurred at **9:45** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. G. Probst</b>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED <b>9/29/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9/29/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>SEP 29 1949</b>	REGISTRARS SIGNATURE <b>J. B. Sasser</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman R. ...</b>	ADDRESS <b>5216 Delmar</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

*John Ketter*  
Licensed Embalmer No. *3880*

P. O. Address \_\_\_\_\_

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.