

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35156

FILED OCT 27 1949

State File No. 8716

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME - 2634 Lucas</u>				d. STREET ADDRESS (If rural, give location) <u>21 2634 LUCAS</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>			b. (Middle) <u>-</u>		c. (Last) <u>GILMORE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 10 - 49</u>	
5. SEX <u>M - 2 negro</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9-15-1915</u>	9. AGE (In years) (Month) (Day) (Hrs.) <u>34</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>		11. BIRTHPLACE (State or foreign country) <u>BERMINGHAM, ALA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>FRANK GILMORE</u>			13b. MOTHER'S MAIDEN NAME <u>JOB JONES</u>		14. NAME OF HUSBAND, OR WIFE <u>DOROTHY GILMORE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>422-41-9155</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Gilmore</u> ADDRESS <u>2634 Lucas</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of back</u>				DUPLICATE OF BACK				
ANTECEDENT CAUSES				DUPLICATE OF BACK				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF BACK				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				1919
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) <u>ST. LOUIS</u>		21d. (STATE) <u>MO</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>1949</u>				
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>49</u> to <u>Oct.</u> , 19 <u>49</u> that I last saw the deceased alive on <u>Oct. 9</u> , 19 <u>49</u> , and that death occurred at <u>3 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. B. Basater M.D.</u>				23b. ADDRESS <u>10, 5th N. 2nd St.</u>		23c. DATE SIGNED <u>10-10-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LAMAR FERRY RD. S. ST. LOUIS</u>		
DATE RECD BY LOCAL REG. <u>OCT 1 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Basater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman L. Allen</u> ADDRESS <u>4368 Washington</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

370.00  
250.00  
-----  
120.00

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 *Herbert J. Vandell*

Licensed Embalmer No. *4243*

P. O. Address *130 Eldridge*

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.