

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

34828

#114826

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State File No. 8280

Registrar's No. 8280

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 Mo. _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 521 E. Espenschied 0			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) Ellen c. (Last) GILLEN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30th, 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH Feb. 17, 1876		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 RES. HOUR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Patrick Gillean		13b. MOTHER'S MAIDEN NAME Bridget McGunigle		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. Janette Schilling 410 E. Marceau			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myelogenous leukemia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Bronchopneumonia, ulat</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1-2 yrs</i> <i>3 wks</i>	
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) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>20 ft. fall</i>			
22. I hereby certify that I attended the deceased from <i>9/11/50</i> , 19____, to <i>9/30/50</i> , 19____, that I last saw the deceased alive on <i>9/30/50</i> , 19____, and that death occurred at <i>5:45 am</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Gary B. Wood M.D.</i>				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 9/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE Oct. 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Mt. Olive Road, Lemay, 23, Mo.		
DATE REC'D BY LOCAL HEALTH DEPT. <i>OCT 2 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Farster</i>			25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Harry Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 Broadway*

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.