

FILED MAY 4 1951

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 14107
3278
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2259
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			d. STREET ADDRESS <u>821 Chestnut St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>A.</u>	c. (Last) <u>Gill</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 5 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 25 1911</u>	9. AGE (In years, Month, Day) <u>40</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>
13a. FATHER'S NAME <u>Thomas E. Coyne</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Lackey</u>		14. NAME OF HUSBAND OR WIFE <u>MYLES GILL</u>	
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 <u>William DuFour 4861 Highland Ave.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Phenobarbital Poisoning</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>self administered in taking over dose of prescribed medicine in room 219 due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Opium Hotel 821 Chestnut St. exact time unknown on Apr 5 1951</u>				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>no accident</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>	21f. HOW DID INJURY OCCUR? <u>E 8710</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Apr 5 51 ? m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:55 P. m.</u> , from the causes and on the date stated above. <u>14</u>			
23a. SIGNATURE <u>William DuFour</u>		(Degree or title) <u>3 Clerk</u>	23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4/7/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO</u>		
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>APR 7 1951 J. B. Harter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan Funeral Dir. 2849 N. Euclid</u>				

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.

Signed.....
Student Embalmer

Student Embalmer No. _____
Signed *Robert D. Pinker*
Licensed Embalmer No. *3553*

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.