

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14110

State File No. \_\_\_\_\_

FILED APR 27 1951

BIRTH NO. 24573-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3643

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Missouri St. Louis 2129</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>919 No. Taylor Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Micheal Edward</u> b. (Middle) <u>Gilmore</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 16, 1951</u>	9. AGE (In years last birthday) <u>1 Day</u>	IF UNDER 1 YEAR Months   Days <u>1 Day</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>John Q. Gilmore</u>	13b. MOTHER'S MAIDEN NAME <u>Loretta Lowes</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Q. Gilmore</u>	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, 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>asphyxia neonatorum</u>		
	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. <u>pulmonary atelectasis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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>762.0</u>
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22. I hereby certify that I attended the deceased from April 16, 1951, to April 17, 1951, that I last saw the deceased alive on April 17, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. T. Mottin M.D.</u>	(Degree or title)	23b. ADDRESS <u>2507 Botomae</u>	23c. DATE SIGNED <u>4-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laura Hill Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co.</u>
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DATE REC'D BY LOCAL REG. <u>APR 18 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Laska</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons</u>	ADDRESS <u>6175 Delmar Blvd.</u>
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *jos. E Mc cullorh*

Licensed Embalmer No. *2460*

P. O. Address. *6175 Delma*

**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.