

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 1 - 1952

318

1003

Registrar's No. 3613

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 Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2611 Park Ave				d. STREET ADDRESS (If rural, give location) 22 2611 Park Ave.			
3. NAME OF DECEASED (Type or Print) GILFORD		a. (First)		b. (Middle) C.		c. (Last) FATHMAN	
4. DATE OF DEATH		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH Nov. 9, 1865		9. AGE (In years last birthday) 86		10. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME August Fathman		13b. MOTHER'S MAIDEN NAME Charlotte Ojeman		14. NAME OF HUSBAND OR WIFE Emma Fathman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Edna Hughes			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21. HOW DID INJURY OCCUR? <i>H221</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <i>Feb</i> , 1952, to <i>4-16</i> , 1952, that I last saw the deceased alive on <i>April 15</i> , 1952, and that death occurred at <i>2:45 PM</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>B. Shanklin</i>		23b. ADDRESS <i>1514 S. Jefferson</i>		23c. DATE SIGNED <i>4/16/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>4-17-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	
DATE REC'D BY LOCAL <i>APR 17 1952</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin F. Home</i>			
				ADDRESS <i>2301 Lafayette</i>			

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 J. R. Cooper.....

Licensed Embalmer No. 3633.....

P. O. Address 2317 Lafayette.....

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.