

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32966

State File No. ....

11-10-007 4 1952

318

1003

8901

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. .... <u>8901</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				a. STATE <u>Illinois</u>		b. COUNTY <u>Madison</u>	
c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>2601 Clawson St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ruth</u>		b. (Middle) <u>Key</u>		c. (Last) <u>Gilchrest</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Nov. 23-1943</u>	
9. AGE (In years last birthday) <u>8</u>		10. MONTH <u>10</u>		11. DAY <u>1</u>		12. YEAR <u>1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Ill.</u>	
13a. FATHER'S NAME <u>Junius Gilchrest</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Moore</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mamie Moore</u> ADDRESS <u>Alton, Ill.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Menigitis</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Cystic Indelence</u>			
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		21f. HOW DID INJURY OCCUR? <u>3403</u>	
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 <u>10</u> to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>5:45 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter Perry Deputy Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>9/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 23 '52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alton, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 24 1952</u>		REGISTRAR'S SIGNATURE <u>J. Chalmers Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Undertaking Co</u> ADDRESS <u>2732 Pine</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Joel Russell*

Licensed Embalmer No. *4112*

P. O. Address *2732 Pine St.*

**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.