

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5113 State File No. **41501**
REGISTRAR'S No. **65**

FILED DEC 31 1952

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5109**

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY OR TOWN RURAL (UNION TOWNSHIP)	c. LENGTH OF STAY (In this place) 4 DAYS	c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 MI. N. of PATTON JUNCTION		d. STREET ADDRESS (If rural, give location) 4547 FAIR	

3. NAME OF DECEASED (Type or Print)	a. (First) LEONARD	b. (Middle) LINCOLN	c. (Last) GILLIHAN	4. DATE OF DEATH (Month) (Day) (Year) DEC. 9, 1952
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5. SEX U MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH JAN. 10, 1905	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 10 Days 29	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY McQUAY-NORRIS	11. BIRTHPLACE (State or foreign country) WHITE COUNTY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM HARVEY GILLIHAN	13b. MOTHER'S MAIDEN NAME PRICILLA ANN RUSSELL	14. NAME OF HUSBAND OR WIFE GERTRUDE GILLIHAN
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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) NO	16. SOCIAL SECURITY NO. 489-03-4999	17. INFORMANT'S SIGNATURE OR NAME GERTRUDE GILLIHAN-PATTON, MO.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 MINUTES
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary attack		
	ANTECEDENT CAUSES DUE TO (b) This man was dead on my arrival at his home, but history given to me by two friends who were with him was attack struck him. DUE TO (c) after severe exercise and excitement		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. if was definite heart condition			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Dec 10, 1952**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Slaughter, M.D.	(Degree or title) M.D.	23b. ADDRESS 1935 W. Main Fredericktown	23c. DATE SIGNED Dec 10, 1952
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 12-10-52	24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEMETERY	24d. LOCATION (City, town, or county) (State) 8900 N. BOWAY ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. Dec 16 1952	REGISTRAR'S SIGNATURE Willie Ann Durburgh	25. FUNERAL DIRECTOR'S SIGNATURE ADAMSON-WEBB	ADDRESS Ed. Adamson - FREDERICKTOWN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 7 1953

FEB 6 1953

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 *Jaguar Adamson*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN.

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.