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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4005

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 0398

1. PLACE OF DEATH
a. COUNTY: ST.LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY
c. LENGTH OF STAY (in this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 7417 AMHERST AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: ST.LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIVERSITY CITY
d. STREET ADDRESS (If rural, give location): 7417 AMHERST AVE

4346

3. NAME OF DECEASED (Type or Print): a. (First) ASA b. (Middle) H. c. (Last) GILL.

4. DATE OF DEATH (Month) (Day) (Year): FEB. 1,1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: AUG. 10,1897

9. AGE (In years last birthday): 55 If under 1 year: Months / Days If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Credit Examiner; Federal Credit Bank.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ellery, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank H. Gill.

13b. MOTHER'S MAIDEN NAME: Hattie Smith.

14. NAME OF HUSBAND OR WIFE: Beulah I. Gill.

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 ADDRESS: Mrs.Beulah I. Gill; 7417 Amherst Ave.,

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, asthenia, etc. 'It means' the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17-, 1953, *to* 2-1-, 1953, *that I last saw the deceased alive on* 2-1-, 1953, *and that death occurred at* 5:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry W. Mollenhauer MD
23b. ADDRESS: 3720 Washington Ave. St. Louis
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-3-1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Mt. Carmel, Illinois

DATE REC'D BY LOCAL REG.: 2-2-53
REGISTRAR'S SIGNATURE: Herbert R. Danker MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R.Lupton & Sons;7233 Delmar Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.