

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11601**  
Registrar's No. **2225**

FILED MAR 18 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|   |  |  |  |   |                                   |
|---|--|--|--|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE   |  | b. COUNTY   |                                   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <i>St. Louis</i>   |  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <i>St. Louis</i> <b>2179</b> |                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>City Hosp - 1</i>   |  | d. STREET ADDRESS<br><i>17 1901 1/2 Compton</i>  |  |   |                                   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <i>Edw. J.</i><br>b. (Middle) <i>Gillenberg</i><br>c. (Last)   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><i>2-8-53</i>  |  |   |                                   |
| 5. SEX<br><i>Male</i>   | 6. COLOR OR RACE<br><i>White</i>                 | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   | 8. DATE OF BIRTH<br><i>ab. 1885</i>      | 9. AGE (In years last birthday)   | 10. IF UNDER 1 YEAR: MONTHS: DAYS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>conductor</i>   | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>none</i> | 11. BIRTHPLACE (City and State or Foreign Country)<br><i>Mo</i>  | 12. CITIZEN OF WHAT COUNTRY?<br><i>0</i> |   |                                   |
| 13a. FATHER'S NAME<br><i>Alph</i>   |  | 13b. MOTHER'S MAIDEN NAME<br><i>Alph</i>   |  | 14. NAME OF HUSBAND OR WIFE<br><i>Alph</i>  |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service)<br><i>Alph</i>   |  | 16. SOCIAL SECURITY NO.<br><i>Alph</i>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><i>P. E. Taylor Coroner</i>  |                                   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia</i><br><br>ANTECEDENT CAUSES<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)   |                                   |
| 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?<br><i>490x.</i>  |                                   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:14 P.M.</i> , from the causes and on the date stated above. |  |  |  |   |                                   |
| 23a. SIGNATURE (Degree or title)<br><i>W. E. Taylor Coroner</i>   |  | 23b. ADDRESS<br><i>1300 Clark</i>  |  | 23c. DATE SIGNED<br><i>2/8/53</i>   |                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br><i>2-28-53</i>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Anatomical Board</i>   |                                   |
| 24d. LOCATION (City, town, or county) (State)<br><i>St. Louis, Mo.</i>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Richard Mortuary Service</i>  |  | ADDRESS<br><i>4104 Manchester Ave.</i>  |                                   |
| DATE REC'D BY LOCAL REG.<br><i>FEB 27 1953</i>  |  | REGISTRAR'S SIGNATURE<br><i>J. Carl Smith MO</i>   |  | 25. 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.