

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1954

State File No. **44653**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>3279</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. LENGTH OF STAY (In this place) <u>31 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		d. STREET ADDRESS (If rural, give location) <u>9509 Lackland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9509 Lackland</u>				d. STREET ADDRESS (If rural, give location) <u>9509 Lackland</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Hollis</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Gull</u>	
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>21</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 25, 1901</u>	
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 1 YEAR Days <u>26</u>		IF UNDER 1 YEAR Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Allen Industries</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Gull</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Hensley</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Whittenburg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-05-2655</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nora Whittenburg Gull 9509 Lackland</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 21, 1953</u> , to <u>Dec. 21, 1953</u> , that I last saw the deceased alive on <u>Dec 21, 1953</u> , and that death occurred at <u>7:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Roy A. Walker Sr. - M.D.</u>				23b. ADDRESS <u>Overland 14 Mo</u>		23c. DATE SIGNED <u>12-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richardson Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Dahlgren, Ill.</u>	
DATE REC'D BY LOCAL REG <u>12/22/53</u>		REGISTRAR'S SIGNATURE <u>Herbert L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Funeral Home</u>		ADDRESS <u>9222 Lackland</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 *Al C. Orstman*

Licensed Embalmer No. *3478*

P. O. Address _____

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.