

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45316

State File No. _____

FILED JAN 19 1954

318

1003

12184

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|---|------------------------------|--|---------------------|--|---------------------------------|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE | | | | b. COUNTY | |
| b. CITY OR TOWN <i>St. Louis Mo</i> | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN <i>St. Louis Mo</i> | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3841 Pine St. B.</i> | | e. STREET ADDRESS (of rural, city or institution) | | b. ADDRESS <i>3841 Pine St. B. 2064</i> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) | |
| THOMAS J. GILMARTIN. | | | | | | Dec 24, 1953 | |
| 5. SEX <i>M</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | | 9. AGE (In years last birthday) | 10. IF UNDER 1 YEAR: Months Days Hours Min. | |
| | | <i>Married</i> | <i>Dec. 9, 1889</i> | | <i>64</i> | | |
| 10a. USUAL OCCUPATION (Name kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| <i>Shipping Clerk</i> | | <i>Retired</i> | | <i>Ireland</i> | | <i>4</i> | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE | | | |
| <i>Silvester</i> | | <i>Mary Ann Tomatoes</i> | | <i>Mary Silvester</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, by or unknown) (If active war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS | | | |
| <i>None</i> | | | | <i>Mary Silvester 3841 Pine St. B.</i> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | | | <i>6 hrs</i> |
| | | ANTECEDENT CAUSES | | | | | <i>3 yrs</i> |
| | | DUE TO (b) <i>Cc of Colar</i> | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | <i>None</i> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? | |
| <i>None</i> | | <i>None</i> | | | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| <i>None</i> | | <i>None</i> | | <i>None</i> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE WORK () AT WORK () | | 21f. HOW DID INJURY OCCUR? | | | |
| <i>None</i> | | | | <i>None</i> | | <i>153X</i> | |
| 22. I hereby certify that I attended the deceased from <i>11-29, 1953</i> , to <i>12-24, 1953</i> , that I last saw the deceased alive on <i>12-21, 1953</i> , and that death occurred at <i>8:00</i> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) | | | | 23b. ADDRESS | | 23c. DATE SIGNED | |
| <i>Robert E. Joe MD</i> | | | | <i>5394 Grand</i> | | <i>12-26-53</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| <i>Burial</i> | | <i>Dec 28, 1953</i> | | <i>Calvary</i> | | <i>St. Louis, Mo</i> | |
| DATE REC'D BY LOCAL REG. | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | |
| <i>DEC 28 1953</i> | | <i>Carl Smith MD</i> | | <i>W. J. Quinn, 1389 Grand Ave</i> | | | |

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.....
Signature of Student Embalmer

Signed *Ronald Gahrke*.....
Licensed Embalmer No..... 39
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.