

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 31 1955

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>2447</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis, Mo.</b>   |  | c. LENGTH OF STAY (In this place)<br><b>DOA</b>  |  | c. CITY OR TOWN <b>St. Louis,</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>  |  |  |  | e. STREET ADDRESS (If rural, give location)<br><b>5 5696 Kingsbury 2070</b>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Maude</b>  |  | b. (Middle) <b>C.</b>  |  | c. (Last) <b>Gilliland</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Mar. 16, 1955</b>  |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>   |  | 8. DATE OF BIRTH <b>April 4, 1888</b>  |  |
| 9. AGE (In years last birthday) <b>66</b>   |  | 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)<br><b>Sales Lady</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>AutoPhone Co.</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Windsor, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>James H. Cook</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Maude Woodward</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Robert E. Gilliland</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b>  |  | 16. SOCIAL SECURITY NO.<br><b>Nil</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Jessie A. Burns, DeSoto, Missouri.</b>                                       |  |  |  |
| 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, asthma, etc. It means the disease, injury, or complication which caused death.         |  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>11. 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 checked="" type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><b>334X</b>  |  |  |  |
| 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 <b>MIDNIGHT</b> from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>Patrick F. Taylor Carouet</b>  |  |  |  | 23b. ADDRESS<br><b>1300 Clark</b>  |  | 23c. DATE SIGNED<br><b>3.17.55.</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>3-19-55</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, County, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 17 1955</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Albert H. Hoppe 4700 Washington.</b>  |  |  |  |

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..... *W. W. Wilkerson*

Licensed Embalmer No..... *35*

P. O. Address..... *N. Louis*

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.