

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10470

FILED APR 4 1955

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 696

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>	
b. CITY OR TOWN <b>St. Louis</b>		b. COUNTY _____	
c. LENGTH OF STAY (in this place) <b>4 Hours</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Co. Hosp.</b>		STREET ADDRESS (If rural, give location) <b>7031 BLADES. AVE. 2049</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Howard</b> b. (Middle) <b>B</b> c. (Last) <b>Gillespie</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 23 55</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>12-31-1922</b>		9. AGE (In years last birthday) <b>32</b>		10. IS RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUILDING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CLEVELAND CO. N. CAROLINA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>CLEOPHAS. H. GILLESPIE</b>		13b. MOTHER'S MAIDEN NAME <b>GERTRUDE BRIDGES</b>	
14. NAME OF HUSBAND OR WIFE <b>LILLIE. H. EITNER</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>224-26-7490REV.</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>PAUL SPITZ</b>		18. ADDRESS <b>4152 WESTMINSTER</b>		19. MEDICAL CERTIFICATION	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TRAUMATIC BRAIN INJURY</b>		INTERVAL BETWEEN ONSET AND DEATH	
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.		<b>Basal Skull Fracture</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>while at work</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>University City</b> (COUNTY) <b>St. Louis</b> (STATE) <b>Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-23-55 2 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell from Building</b>	

22. I hereby certify that I attended the deceased from **3-23 1955**, to **3-23 1955**, that I last saw the deceased alive on **3-23 1955**, and that death occurred at **6:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. C. Wauluck M.D.</b>		23b. ADDRESS <b>601 So. Brentwood</b>		23c. DATE SIGNED <b>3/24/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-25-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HILLCREST. CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>CENTRALIA Ill.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F. H. Inc.</b>		ADDRESS <b>1936 St. Louis Av.</b>	

DATE REC'D BY LOCAL REG. **3-25-55** REGISTRAR'S SIGNATURE **Robert R. Pomke** (Licensed Embalmer's Statement on Reverse Side)

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

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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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?	

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Mar 28, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Centralia Illinois</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F. H. Inc.</b>		ADDRESS <b>1936 St. Louis Av</b>	

DATE REC'D BY LOCAL REG. \_\_\_\_\_ REGISTRAR'S SIGNATURE \_\_\_\_\_ (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 \_\_\_\_\_  
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

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. None working under my personal supervision..

Student None  
Signature of Student Embalmer

Signed Helix J. Krupine

Licensed Embalmer No. 347

P. O. Address St. 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.