

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13351

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2829

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri (township))		c. CITY OR TOWN Jennings, 414 8/	
c. LENGTH OF STAY (If in this place) 3 1/2 Months		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		STREET ADDRESS (If rural, give location) 5827 Hodiamont Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) A. c. (Last) Gilley			4. DATE OF DEATH (Month) (Day) (Year) March, 27, 1955.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March, 14, 1895
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Bolan		13b. MOTHER'S MAIDEN NAME Susie Reidy	
14. NAME OF HUSBAND OR WIFE Mr. Bernard W. Gilley, Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Doris Gilley, 5827 Hodiamont Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor - Left ANTECEDENT CAUSES Morbidity 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.	
INTERVAL BETWEEN ONSET AND DEATH 3 months (?)			
19a. DATE OF OPERATION 12/13/54		19b. MAJOR FINDINGS OF OPERATION Brain tumor (malignant) left temporo-parietal.	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., injury 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? 193x			
22. I hereby certify that I attended the deceased from 6 December, 1954, to 27 March, 1955, that I last saw the deceased alive on 26 March, 1955, and that death occurred at 1:30P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Francis J. Nash M.D.		23b. ADDRESS 3720 Washington - St. Louis, Mo.	
23c. DATE SIGNED 3/28/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-30-1955	
24c. NAME OF CEMETERY OR CREMATORY St. Charles Borromeo Cemetery, St. Charles, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. MAR 29 1955		REGISTRAR'S SIGNATURE VIA MOTOR J. Earl Smith m.d.	
25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc. 2161 E. Fair Ave.		ADDRESS	

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.....
Chas W. Hart

Licensed Embalmer No. *373*

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.