

THE DIVISION OF HEALTH OF MISSOURI
 FILED SEP 29 1955 STANDARD CERTIFICATE OF DEATH

State File No. **30874**
 Registrar's No. **7896**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary | | d. STREET ADDRESS (If rural, give location) 430 S. 39th Street | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) A. c. (Last) Gillespie | 4. DATE OF DEATH (Month) (Day) (Year) Sept 3, 1955 |
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| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 14, 1883 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer - Minister | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) Carinth, Mississippi | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Georgia Gillespie |
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| 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. 329-10-9489 | 17. INFORMANT'S SIGNATURE OR NAME Georgia Gillespie | ADDRESS 430 S. 39th St. St. Louis, Mo. |
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| 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) RENAL FAILURE | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks |
| | ANTECEDENT CAUSES DUE TO (b) Glomerula NEPHRITIS | | |
| | DUE TO (c) HYPERTENSIVE HT. Disease | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **July 20, 1955**, to **Sept 3, 1955**, that I last saw the deceased alive on **Sept 4, 1955**, and that death occurred at **4:20 AM**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Charles R. Frantz, Jr. M.D. | 23b. ADDRESS 1419 Kansas St. St. Louis, Mo. | 23c. DATE SIGNED Sept 5, 1955 |
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| 24a. FUNERAL, CREMATION, REMOVAL (Specify) | 24b. DATE Sept 5, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Booker Washington | 24d. LOCATION (City, town, or county) (State) Centreville Township, Ill. |
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| DATE REC'D BY LOCAL REG. SEP 8 1955 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Marion O'Connell | ADDRESS 2114 Missouri Ave. St. Louis, Ill. |
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(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 Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address 721 N. 26th Street

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 this body is not embalmed, fact should be so stated above.