

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 - 1955

State File No. 30875  
Registrar's No. 8285

BIRTH NO. 69686-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Clayton 4457</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs.</u>		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 <u>St. Louis Children's Hosp</u>			
e. STREET ADDRESS (If rural, give location) <u>1 Forest Ridge</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Randolph</u> c. (Last) <u>Gillis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-55</u>		
5. SEX <u>M</u> <u>O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>9-19-55</u>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>2</u> IF UNDER 24 HRS. Days <u>2</u> Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

12a. FATHER'S NAME <u>John L. Gillis</u>		13b. MOTHER'S MAIDEN NAME <u>Carol Randolph</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. Johnston - 500 S. Kings Highway</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>19 hours</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Birth Trauma</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Congestive Heart Failure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>760.0</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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 9-20, 1955, to 9-20, 1955, that I last saw the deceased alive on 9-20, 1955, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE LEISA VETTEL MD (Degree or title) 23b. ADDRESS 500 South Kings Highway 23c. DATE SIGNED 9-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 21, 1955 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery St. Louis, Mo 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. SEP 21 1955 REGISTRAR'S SIGNATURE Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3846 Lendear Blvd

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

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**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 [Signature]....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 419.....

P. O. Address 3840 [unclear].....

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.