

FILED NOV 15 1955  
REG # 11687  
SL # 7559

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

34776  
State File No. ....  
REGISTRAR'S No. .... 9350

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. <b>1003</b>		REGISTRAR'S No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CRAWFORD</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N. GRAND, ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) <b>12 DAYS</b>		c. CITY OR TOWN <b>BOURBON</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>				e. STREET ADDRESS (If rural, give location) <b>BOX #7</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>IRA</b>		b. (Middle) <b>E</b>		c. (Last) <b>GILLESPEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-25-55</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>8-24-81</b>	
9. AGE (In years just birthday) <b>74</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) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>STEDWARDSON, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOHN GILLESPEY</b>		13b. MOTHER'S MAIDEN NAME <b>LUCINDA KELLER</b>		14. NAME OF HUSBAND OR WIFE <b>LILLIE GILLESPEY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ABDOMINAL AORTIC ANEURYSM, RUPTURED</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS OF THE AORTA</b> DUE TO (c) - - - - - II. OTHER SIGNIFICANT CONDITIONS <b>BENIGN PROSTATIC HYPERPLASIA-URINARY BLADDER CALCULI-PYELONEPHRITIS</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>451x</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		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) (Min.)		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 <b>10-13-55</b> , 19___, to <b>10-25-55</b> , 19___, that his cause of death was <b>ABDOMINAL AORTIC ANEURYSM, RUPTURED</b> and that death occurred at <b>25 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. H. Shalinger</b>				23b. ADDRESS <b>VAH, ST. LOUIS, MISSOURI</b>		23c. DATE SIGNED <b>10-26-55</b>	
24a. BURIAL CEMETERY, TOWNSHIP, COUNTY, STATE <b>Removal</b>		24b. DATE <b>10-26-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sullivan, Missouri</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>OCT 26 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Fendler</b>		ADDRESS <b>5611 S. Grand Blvd.</b>	

WRITE PLAINLY—USING UNFADING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Bill C. Draxman*

Licensed Embalmer No. *47*

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.