

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38266

318

1003

10342

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|--|--|--|--|--|-------------|--|------------------------------|---|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 4 1/2 yrs | | c. CITY OR TOWN St. Louis | | 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 Homer G. Phillips Hospital | | | | STREET ADDRESS 22 2717 Caroline | | | | | | |
| 3. NAME OF DECEASED (Type or Print) Bertha | | | a. (First) | | b. (Middle) | | c. (Last) Gill | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 11 22 55 | | 5. SEX F | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Oct. 18 1912 | | |
| 9. AGE (In years last birthday) 43 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 24 HRS. Hours | | Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) Domestic | | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | | | 11. BIRTHPLACE (City and State or Foreign Country) Memphis Tenn | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | | |
| 13a. FATHER'S NAME Edward unknown | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE Unknown | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Viola Marshall | | | | | ADDRESS 2717 Caroline St | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus with Kimmel Stiel-Wilson Disease.</u> ANTECEDENT CAUSES 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. <u>Uremia.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH Undt. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>260x</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) m. | | 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 <u>11-21-</u> , 19 <u>55</u> , to <u>11-22-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-22-</u> , 19 <u>55</u> , and that death occurred at <u>5:25p</u> m., from the causes and on the date stated above. | | | | | | | | | | |
| 23. SIGNATURE (Degree or title) <u>Ed Williams</u> M.D. | | | | 23b. ADDRESS 2601 N. Whittier Street | | | 23c. DATE SIGNED 11-23-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11-28-55 | | 24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis MO | | | | |
| DATE REC'D BY LOCAL REG. NOV 28 1955 | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> MO | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Burke</u> | | ADDRESS 3506 Franklin | | | | |

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 *Leary W. Bamm*.....

Licensed Embalmer No. *45*.....

P. O. Address *3880 E*.....

- [Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.