

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11899**
 BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **686**

1. PLACE OF DEATH a. COUNTY St. Louis		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 town or township) OR TOWN Edmundson Terrace		c. LENGTH OF STAY (in this place) 4 Days	c. CITY OR TOWN St. Ann 4071
d. FULL NAME OF HOSPITAL OR INSTITUTION 10536 Mortimer Lane		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) 3566 St. Joachim Lane			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) M.	c. (Last) Gilmore	4. DATE OF DEATH (Month) (Day) (Year) March 10, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 29, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Archibald Mc Connell	13b. MOTHER'S MAIDEN NAME Clemetine Shaw	14. NAME OF HUSBAND OR WIFE The late Theodore Gilmore
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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. None	17. INFORMANT'S SIGNATURE OR NAME Bernice Nelson	ADDRESS 3566 St. Joachim Lane
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intertrochanteric Fracture of left Femur		INTERVAL BETWEEN ONSET AND DEATH 18 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. \$50.00			

19a. DATE OF OPERATION 2/24/56	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric Fracture of left Femur	20. AUTOPSY? 9040 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) Edmundson Terr.; St. Louis; Mo. (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 / 21 / 56 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall at home
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22. I hereby certify that I attended the deceased from **March 1, 1956**, to **March 6, 1956**, that I last saw the deceased alive on **March 6, 1956**, and that death occurred at **5:22P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert E. Froelich, M.D.	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED 3/12/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 13 1956	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 3-12-56	REGISTRAR'S SIGNATURE Herbert R. Dombay, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary	ADDRESS 10123 St. Chas. Rd.
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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 *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *10123 St. 1*

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