

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10082**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2671**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Canada b. COUNTY Winnipeg		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 1-day	c. CITY OR TOWN Winnipeg		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) W.M. c. (Last) Gillespie			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1956		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH June 16, 1884	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Hours Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Winnipeg, Manitoba, Canada		12. CITIZEN OF WHAT COUNTRY? Canada
13a. FATHER'S NAME James Munroe		13b. MOTHER'S MAIDEN NAME Martha Brown		14. NAME OF HUSBAND OR WIFE Robert A. Gillespie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss K.M. Gillespie, 411 E. Madison, Kirkwood,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH c. 4 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Cardiovascular disease, atherosclerosis and pneumonia left lower lobe				? 2 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) (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 Sept 14, 1956 , to Nov 10, 1956 , that I last saw the deceased alive on Nov 10, 1956 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Joseph F. Finnegan M.D.			23b. ADDRESS 634 N. Grand		23c. DATE SIGNED Nov 12, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Kildonan Cemetery	24d. LOCATION (City, town, or county) (State) Winnipeg, Canada		
DATE REC'D BY LOCAL REG. 11-12-56	REGISTRAR'S SIGNATURE Herbert R. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3810 Lindell Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

ds

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 

Licensed Embalmer No. 469

P. O. Address 384 1/2 Lind

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.