Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1958

STATE FILE NUMBER 58-007257

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1766

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3225 N.Florisant — Length of stay in Ib: 15 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: ~~St.Louis~~
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3225 N.Florisant — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jennie; Middle: ; Last: Gillespie

4. DATE OF DEATH: Month: Feb. Day: 13th. Year: 1958

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: March 6th.1879

9. AGE (In years last birthday): 78 — 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): house-keeper

10b. KIND OF BUSINESS OR INDUSTRY: house-keeper

11. BIRTHPLACE (City and state or country): St.Louis Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Gillespie

13b. MOTHER'S MAIDEN NAME: Anna Karney

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mother Germaine Address: 3225 N.Florisant

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): A.S.H. Disease.
Conditions, if any, which gave rise to the above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.0F

INTERVAL BETWEEN ONSET AND DEATH: ? ? ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fractured right hip. Pin inserted Sherloff & returned to home

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fractured rt. hip. 1-29-58; Sent to home 2-10-58

20c. TIME OF INJURY: Hour a.m.: — Month, Day, Year: 1-29-58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Little Sisters Home

20f. CITY, TOWN, OR LOCATION: 3224 N. Florissant — COUNTY: St Louis — STATE: Mo

21. I attended the deceased from May 12, 56 to Feb. 13, 1958 and last saw her/him alive on Feb. 11, 1958. Death occurred at Feb. 13 8 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Bernard L. Flotte M.D. (Degree or title)

22b. ADDRESS: 2435 N. Grand Blvd

22c. DATE SIGNED: 2-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-17-1958

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: FEB 14 '58

26. REGISTRAR'S SIGNATURE: Paul Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 W. M. Salyer

Licensed Embalmer No. 4699

P. O. Address 3840 Lende

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.