

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011657

STATE FILE NUMBER

FILED MAR 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2176

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lemay 4000</i>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Paul</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>1815 Lytel Ct.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Jennie R. Gill</i>			4. DATE OF DEATH Month Day Year <i>2/21/58</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5/17/1875</i>
9. AGE (In years last birthday) <i>82</i>		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, when if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>self</i>	11. BIRTHPLACE (City and state or country) <i>Illinois</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Michael O'Connell</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary Harter</i>		14. NAME OF HUSBAND OR WIFE <i>John Thomas</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	17. INFORMANT Address <i>Miss Marie Gill 1815 Lytel Ct (23)</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute colculcus of small intestine</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>5703</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Acute peritonitis to ulcer & massive hemorrhage; vesico vaginal fistula</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>2.</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>1-7-58</i> to <i>2-21-58</i> and last saw her ^{her} _{him} alive on <i>2-21-58</i> Death occurred at <i>11:00 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wayne O'Gork MD</i>		22b. ADDRESS <i>100 N. Euclid</i>	22c. DATE SIGNED <i>2-22-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2/24/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New Lerner Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Cape Girardeau Mo.</i>
24. FUNERAL DIRECTOR <i>Jos. A. Howard 1619 So. Grand</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 24 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 6 1958

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 *Stanley H. Kijon*

Licensed Embalmer No. *4193*

P. O. Address *S. D.*

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.