

THE DIVISION OF HEALTH AND HOSPITALS
STANDARD CERTIFICATE OF DEATH

58-026980
STATE FILE NUMBER 7430

FILED AUG 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D/O 5806 VICTORIA			Length of stay in lb 15 YRS 2 1/4	d. STREET ADDRESS 5806 VICTORIA AVE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BONNIE MAY GILLESPIE				4. DATE OF DEATH 7-28-1958 Month Day Year			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH DEC. 11, 1903		9. AGE (In years last birthday) 54 F UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) WEAKLEY COUNTY, TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME WILLIAM O TAYLOR			13b. MOTHER'S MAIDEN NAME MAGGIE L. CRAWFORD		14. NAME OF HUSBAND OR WIFE HARRY GILLESPIE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (Yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 494-26-5422		17. INFORMANT Address HARRY GILLESPIE 5806 VICTORIA AVE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION DUE TO (b) CORONARY THROMBOSIS DUE TO (c) CORONARY ARTERIOSCLEROSIS Condition, if any, which gives rise to above cause (a), stating the interfering cause, if any. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1						INTERVAL BETWEEN ONSET AND DEATH 2 YRS.	
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.)					
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 2/27/56 to 7/28/58 and last saw her alive on 9/5/58 Death occurred at 8:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) William A. Taylor M.D.				22b. ADDRESS 3720 WASHINGTON, ST. LOUIS, MO.		22c. DATE SIGNED 7/30/58	
23a. BURIAL, CREMATION, REMOVAL REMOVAL		23b. DATE 7-31-1958	23c. NAME OF CEMETERY OR CREMATORY MT. ZION CEMETERY		23d. LOCATION (City, town, or country) (State) WEAKLEY COUNTY, TENN.		
24. FUNERAL DIRECTOR ADDRESS HOWARD MICHEL 5930 SOUTHWEST				25. DATE RECD. BY LOCAL REG. JUL 30 '58		26. REGISTRAR'S SIGNATURE Carl Smith MD m & B	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 E Morris*

Licensed Embalmer No. *3360*

P. O. Address *St Louis, Mo*

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.