

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010947  
STATE FILE NUMBER

FILED APR 10 1959

Registration District No.

Primary Registration District No.

Registrar's No.

22874

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION H. G. Phillips Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4817 Leduc Avenue
3. NAME OF DECEASED (Type or print) Baby Ora Lee Gilmore			4. DATE OF DEATH Month Day Year March 19, 1959
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1955
9. AGE (In years last birthday) 3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Samuel Gilmore		13b. MOTHER'S MAIDEN NAME Mary L. James	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT Mary L. Davis Address 4817 Leduc Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Subdural Hemorrhage of the Brain; 2. Small fracture of the inner table of the left side of the occipital bone; suffered when car operated by one Mary Yates (deceased) struck abutment of bridge on Highway #460 near Ashley, Illinois, in which deceased was a passenger, about 12:30 P.M. March 15th, 1959. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Verdict		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.	
20c. TIME OF INJURY Hour Month, Day, Year 1230 3 15 59 p.m.		E 819.4 31	
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.) 71 Ashley	20f. CITY, TOWN, OR LOCATION COUNTY STATE near Ashley Illinois
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1:15 A. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased's) _____ 3		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/26/59	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or country) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR E. B. Hoare		ADDRESS 1221 N. Grand	25. DATE RECD. BY LOCAL REG. 3-21-1959
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 1 1961 SA

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 *Melvin Blackhurst* .....

Licensed Embalmer No. *2962*  
P. O. Address *1221 N. ...*

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.