

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019179
STATE FILE NUMBER

FILED MAY 22 1959 Registration District No. Primary Registration District No. Registrar No. 3887

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		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in 1b D.O.A.	
d. STREET ADDRESS 3321a Lawn Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE F. GILMORE			4. DATE OF DEATH Month Day Year Apr. 19 1959
5. SEX Male	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 Sep. 30, 1931
9. AGE (In years last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Continental Oil Co.	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George P. Gilmore		13b. MOTHER'S MAIDEN NAME Agnes C. Farrell	
14. NAME OF HUSBAND OR WIFE Ruth M. Gilmore		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None	
16. SOCIAL SECURITY NO. 497-32-0720		17. INFORMANT Ruth M. Gilmore 3321a Lawn 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) <i>Carbon Monoxide Intoxication</i> DUE TO (b) <i>accompanied by ethanol (alcohol) Intoxication</i> DUE TO (c) <i>E 891.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered when found in sitting position in car in garage in rear of house on or about April 19 1959.</i>			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DEATH BY HOW INJURY OCCURRED: (Enter name of injury in PART I (a) if applicable) <i>falling from car in garage in rear of house on or about April 19 1959.</i>	
20c. TIME OF INJURY Hour Month, Day, Year p.m. 4 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 142 Home	
20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John R. Smith</i>		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 4/20/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 22, 1959	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. APR 20 '59	
26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5/2/59

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 *George H. Kriegshausen*

Licensed Embalmer No. *4988*

P. O. Address

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.