URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-008257

NDED FILED VS FEB 23 1960 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1734 STATE FILE NUMBER

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 — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2837 Magnolia — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Margaret	Middle:	Last: Gillman	4. DATE OF DEATH Month Day Year: February 14, 1960	
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 5/2/1892	9. AGE (last birthday): 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (City and state or country): Maxville, Missouri	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: Henry Simon	13b. MOTHER'S MAIDEN NAME: Aurelia Schoendeinst	14. NAME OF HUSBAND OR WIFE: Conrad		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Aurelia Roesch 2837 Magnolia St. Louis, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) 422.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ — 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2-14-57, to 2-14-60 and last saw her alive on 2-8-60

Death occurred at 2-14-60 1:30A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John D Scott MD	22b. ADDRESS 3739 Grand	22c. DATE SIGNED FEB 15 1960
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Feb. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Lemay, Mo.		
24. FUNERAL DIRECTOR ADDRESS: C. Hoffmeister Mortuaries 7814 So. Broadway St. Louis, Mo.	25. DATE RECD. BY LOCAL REG.: FEB 15 1960	26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bill E Branson

Signature of Student Embalmer

Licensed Embalmer No. 4764

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.