JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009219

FILED VS MAR 1 0 1960

Registration District No. 817 Primary Registration District No. 542 Registrar's No. 629

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ferguson — Length of stay in 1b: 1 year
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hill Top Conv. Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5872 Sunshine Drive — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Gertrude — Middle: — Last: Northall

4. DATE OF DEATH: Month: February — Day: 22 — Year: 1960

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/15/1878
9. AGE (last birthday): 81 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Mt. Vernon, Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Clark
13b. MOTHER'S MAIDEN NAME: Noami Freeman
14. NAME OF HUSBAND OR WIFE: William Northall (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Gladys Koch — Address: 5872 Sunshine Dr. St. Lou

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 493x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Infirmities of age
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 1945, to Feb 22, 1960 and last saw her alive on Feb. 22, 1960
Death occurred at 11:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George W. Ilmer, M.D.
22b. ADDRESS: 600 N. Union Blvd.
22c. DATE SIGNED: 2-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/25/1960
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
23d. LOCATION (City, town, or county) (State): W. Florissant Rd. St. Louis, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Hoffmeister Colonial Mortuary, 6464 Chippewa St., St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: 2-25-60
26. REGISTRAR'S SIGNATURE: [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed John L Denner

Signature of Student Embalmer

Licensed Embalmer No. 419

P. O. Address St. Lou

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