URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1960

-60-009377

STATE FILE NUMBER

Registration District No. 31 Primary Registration District No. 500 Registrar's No. 442

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO. | Length of stay in 1b 60 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Adm. Hospital | Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN OVERLAND | Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8919 WINDOM | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EARL Middle H. Last GILLIAM
4. DATE OF DEATH Month 2 Day 9 Year 60
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-31-97
9. AGE (last birthday) 63
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) PUBLIC ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY ACCOUNTANT
11. BIRTHPLACE (City and state or country) VAN METER, IOWA
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME WILLIAM H. GILLIAM
13b. MOTHER'S MAIDEN NAME MESALISIA NOBLE
14. NAME OF HUSBAND OR WIFE EVA A. GILLIAM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 492 03 8050
17. INFORMANT MRS. EVA A. GILLIAM Address 8919 WINDOM AVENUE OVERLAND 14, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) RHEUMATIC HEART DISEASE — 42 YEARS
DUE TO (c)
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 VA attended the deceased from 12-11-59, to 2-9-60 and last saw him alive on
Death occurred at 9:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Oppler (Degree or title) W. OPPLER, DIR. PROF. SERVICES, M.D.
22b. ADDRESS VA HOSP. JEFF. BRKS. MO.
22c. DATE SIGNED 2-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-13-60
23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon
23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR Earl Gillerman ADDRESS Overland
25. DATE RECD. BY LOCAL REG. 2-11-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____
Signature of Student Embalmer

Signed Earl Sullivan

Licensed Embalmer No. 3501

P. O. Address Overland 14

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