

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**

FILED VS SEP 14 1960

-60-032229

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8891** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>1 Mo.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		Length of stay in 1b <b>12 days</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits/ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Chronic Hosp.</b>			Inside Limits/ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3732 Salena</b>		Reside on Farm/ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Grace</b> Middle <b>Gill</b> Last <b>Gill</b>			4. DATE OF DEATH Month <b>9</b> - <b>8</b> - <b>60</b> Day Year			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-15-91</b>	9. AGE (last birthday) <b>68</b>	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) <b>Hosp. Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Ky.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>William Logan</b>		13b. MOTHER'S MAIDEN NAME <b>Martha ?</b>		14. NAME OF HUSBAND OR WIFE <b>Roland Gill</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Roland Gill, 3732 Salena, St. Louis</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Multiple Cerebral Thromboses** INTERVAL BETWEEN ONSET AND DEATH **2 1/2 mo.**

DUE TO (b) **Hypertensive Cardiovascular Disease** **1 1/2 mo.**

DUE TO (c) **Generalized Atherosclerosis** **1 1/2 mo.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)  
**Sacral Decubiti - 1 1/2 mo.**

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.)  
**443 L**

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

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 **7-26-60** to **9-8-60** and last saw her alive on **9-8-60**  
Death occurred at **7:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
**John W. Beckham, M.D.**

22b. ADDRESS  
**5800 Arsenal**

22c. DATE SIGNED  
**9/8/60**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE  
**9/10/60**

23c. NAME OF CEMETERY OR CREMATORY  
**Oak Grove**

23d. LOCATION (City, town, or county) (State)  
**St. Louis Co., Mo.**

24. FUNERAL DIRECTOR ADDRESS  
**McLaughlin, 2301 Lafayette (4)**

25. DATE RECD. BY LOCAL REG.  
**SEP 9 1960**

26. REGISTRAR'S SIGNATURE  
**Roland Smith, M.D.**

DOCUMENT

MEDICAL CERTIFICATION

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 *H. G. Jarvis*

Licensed Embalmer No. 3384

P. O. Address *H. Jarvis*

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