SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006496
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1813

FILED VS MAR 7 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kentucky b. COUNTY: Jefferson

c. CITY OR TOWN: Louisville
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 2727 Reidling Drive
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ARTHUR Middle LEE Last GILL

4. DATE OF DEATH: Month FEBRUARY Day 21 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/31/1916
9. AGE (last birthday): 44
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): Self Employed
10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Floor Covering
11. BIRTHPLACE (City and state or country): Washington, Ind.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: James A. Gill
13b. MOTHER'S MAIDEN NAME: Mary C. Hayes
14. NAME OF HUSBAND OR WIFE: Ruth S. Gill

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.: Unknown
17. INFORMANT: Ruth S. Gill, 2727 Reidling Dr. Louisville, Ky.

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	RECURRENT PULMONARY EMBOLI	7 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	VENTRICULAR ANEURYSM WITH CONGESTIVE HEART FAILURE	7 MONTHS
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE	15 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
4260

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 FEB. 3, 1961, to FEB. 21, 1961 and last saw her him alive on FEB. 21, 1961
Death occurred at 4:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. D. Vermillion, M. D. M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 2/22/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-24-61
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Washington, Ind.

24. FUNERAL DIRECTOR ADDRESS: Gill Funeral Home, Washington, Indiana.
25. DATE RECD. BY LOCAL REG.: FEB 23 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

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 Elmo R. Sadiwe

Licensed Embalmer No. 4077

P. O. Address St Louis

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.