

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-046323
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12158

1. PLACE OF DEATH
a. COUNTY ---
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b 4 yr 1 mo
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo. Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ---
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (if outside, give location) 3636 Hebert St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Christina Middle --- Last Gill 4. DATE OF DEATH Month December Day 25 Year 1961
5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/19/70 9. AGE (last birthday) 91 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Mattias Orgelsch 13b. MOTHER'S MAIDEN NAME Sophia Bohlen 14. NAME OF HUSBAND OR WIFE Joseph Gill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. none 17. INFORMANT Masonic Home of Mo. 5351 Delmar Blvd. Address ---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Influenza
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis
DUE TO (c) 481x
INTERVAL BETWEEN ONSET AND DEATH 2 days
unknown

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 --- 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 11/11/57 to 12/25/61 and last saw her --- alive on 12/25/61
Death occurred at 7:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold E. Walters M.D. 22b. ADDRESS 3720 Washington St. Louis 22c. DATE SIGNED 12-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation 23b. DATE 12-27-61 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory 23d. LOCATION (City, town, or county) (State) St. Louis County Mo.

24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. ADDRESS --- 25. DATE RECD. BY LOCAL REG. DEC 27 1961 26. REGISTRAR'S SIGNATURE Lead Smith. M.D.

FILE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

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 Albert P. Thompson

Licensed Embalmer No. 423

P. O. Address H. J. ...

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.