

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-003801

679

STATE FILE NUMBER

AMENDED

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

FILED JAN 25 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Nil</i>	b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>	a. STATE <i>Mo.</i>	b. COUNTY <i>St. Louis</i>
Length of stay in 1b <i>3 days</i>		c. CITY OR TOWN <i>Webster Groves</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Luke's Hospital</i>		d. STREET ADDRESS <i>318 Bompert Ave.</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <i>Viola</i>	Middle <i>Nischwitz</i>	Last <i>Gilles</i>	Month <i>1</i>	Day <i>15</i>	Year <i>1962</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-3-1925</i>	9. AGE (last birthday) <i>36</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office worker</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Barrett Equipment Co</i>	11. BIRTHPLACE (City and state or country) <i>Edwardsville, Ill.</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Theodore H. Ischwitz</i>	13b. MOTHER'S MAIDEN NAME <i>Ida M. Hessel</i>	14. NAME OF HUSBAND OR WIFE <i>Charles N. Gilles, Jr.</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	17. INFORMANT <i>Charles N. Gilles, Jr.</i>	Address <i>W. Groves, Mo. 318 Bompert Ave.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>6 mo.</i>
IMMEDIATE CAUSE (a) <i>Carcinoma Right Lung</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Carcinoma of Left Breast</i>	
DUE TO (c) <i>170X</i>		<i>4 yrs</i>

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from *1956* to *Jan 15-62* and last saw her alive on *Jan 15-62*.
Death occurred at *5:45 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. A. Brown</i>	(Degree or title) <i>MD</i>	22b. ADDRESS <i>3903 Olive Avenue</i>	22c. DATE SIGNED <i>1/16/62</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-18-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Mausoleum</i>	23d. LOCATION (City, town, or county) <i>St. Louis Co., Mo.</i>
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24. FUNERAL DIRECTOR <i>Mittelberg</i>	ADDRESS <i>Webster Groves, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 16 1962</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Small text at the top right of the page, possibly a date or reference number.

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 Stanley H. Wilson

Licensed Embalmer No. 4193

P. O. Address H. L.

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.