

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008093

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1533 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 16 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Geo. J. Farber

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ALABAMA</u> b. COUNTY <u>BIRMINGHAM</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS MO</u> | | Length of stay in 1b <u>24 DAYS</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Frisco Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2720 BUSH BLVD</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>WILLIAM C GILLILAND</u> | | | 4. DATE OF DEATH <u>FEB 4TH 1962</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/15/1883</u> |
| 9. AGE (last birthday) <u>78</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u> | 11. BIRTHPLACE (City and state or country) <u>ALABAMA</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>JOHN Gilliland</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Nancy Mc CAULEY</u> | | 14. NAME OF HUSBAND OR WIFE <u>LILLIAN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>NIL.</u> | |
| 17. INFORMANT <u>Lillian Gilliland, 2720 Bush, Blvd.</u> | | 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) <u>CARCINOMA BLADDER</u> DUE TO (b) _____ DUE TO (c) _____ 181.0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 DAYS</u> |
| 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 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 |
| 21. I attended the deceased from <u>JAN 10 1962</u> to <u>FEB 4 1962</u> and last saw him alive on <u>FEB 4TH 1962</u> Death occurred at <u>9:15</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Geo. J. Farber MD</u> | | 22b. ADDRESS <u>FRISCO HOSPITAL ST LOUIS MO</u> | 22c. DATE SIGNED <u>2/7/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>2-5-62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Birmingham, Alabama.</u> |
| 24. FUNERAL DIRECTOR <u>Albert H. Hoppe Inc., 4700 Washington, Blvd.</u> | | 25. DATE RECD. BY LOCAL REG. <u>FEB 5 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Loel Smith, M.D.</u> |

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 Melvin J. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington
St Louis, Mo.

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.