

REC'D JUL 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22883

Do not use this space.

1 938 PLACE OF DEATH St. Louis
(a) County Clayton
(b) Township Clayton
(c) City Clayton (d) Street No. St. Louis County Hospital Registered No. 1131
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilson Gillham
(a) Residence, No. 1211 Meyer Street, University City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>6/25/38</u>	19
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>5/19/38</u> to <u>6/25/38</u> , 19 <u>38</u> I last saw h. <u>im</u> alive on <u>6/25/38</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>6:00A.M.</u> The principal cause of death and related causes of importance were as follows:	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 11, 1857</u>				<p><u>Carcinoma of Tongue</u> <u>metastasis</u></p> <p><u>45</u></p> <p>Other contributory causes of importance: <u>Pulmonary Edema</u></p> <p>Date of onset <u>6/25/38</u></p>	
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>	DAYS <u>14</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>nil.</u>				
	9. Industry or business in which work was done, as saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>					
FATHER	13. NAME <u>Samuel Gillham</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>				
MOTHER	15. MAIDEN NAME <u>Olitha Willson</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
17. INFORMANT <u>Mrs. Green (friend)</u> (ADDRESS) <u>6403 Easton, Wellston, Mo.</u>				Name of operation	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edwardsville Ill</u> <u>7/1/38</u>				What test confirmed diagnosis?	
19. FUNERAL DIRECTOR <u>C. R. Lupton & Sons</u> (ADDRESS) <u>7233 Delmar, U. City</u>				Was there an autopsy?	
20. FILED <u>JUL - 1 1938</u> <u>T. R. Meyer, M. D., Registrar</u>				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?	
				Date of injury	
				Where did injury occur?	
				(Specify city or town, county, and State)	
				Specify whether injury occurred in industry, in home, or in public place.	
				Manner of injury	
				Nature of injury	
				24. Was disease or injury in any way related to occupation of deceased?	
				If so, specify	
				(Signed) <u>Henry C. ...</u> M. D.	
				(Address) <u>St. Louis County Hospital</u>	

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)