

DEC 3 - 1938

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

40387
Do not use this space.

1. PLACE OF DEATH

(a) County Gr. Lowry 3 Registration District No. 784
(b) Township 1 Primary Registration District No. 115 Registered No. 1976
(c) City St. Louis (d) Street No. 6800 Washington (City) St. Louis (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 Louis A. Gillenwater

(a) Residence, No. 6600 Washington St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Gillenwater

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Hancock Co. Illinois

13. NAME Samuel S. Gillenwater

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock Co. Illinois

15. MAIDEN NAME Nancy Jane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Mo.

17. INFORMANT (ADDRESS) Mary E. Craig 6600 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Dec 5 1938

19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home 1167 Hamilton Avenue

20. FILED DEC 3 - 1938 J.R. Meyer M.D. Dist. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1915, to Dec 2 - 1938. I last saw him alive on Dec 1 - 1938. Death is said to have occurred on the date stated above, at 8 A m. The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart
10612
Other contributory causes of importance: Chronic Bronchitis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
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? No
If so, specify (Signed) J. R. Meyer, M. D.
707 (Address) 1607 W. Grand St.

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Albert G. Kopper

Licensed Embalmer No. 2971

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.)