

REC'D MAY 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **791**
 CERTIFICATE OF DEATH **1008**

13127

Do not use this space.

3469

Registered No.

1. PLACE OF DEATH

- (a) County..... 7 Registration District No.....
 (b) Township..... 1 Primary Registration District No.....
 or City..... (d) Street No. 4923 HOOKE AVE St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 465 WILLIAM J. GILLERING

- (a) Residence, No. 4923 HOOKE AVE St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 LAURA GILLERING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 9, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 10 3

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. POSTAL CLERK
 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) ST. LOUIS, MO.

- FATHER 13. NAME JOSEPH GILLERING

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

- MOTHER 15. MAIDEN NAME MARGARET LAVIN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

17. INFORMANT LAURA GILLERING
 (ADDRESS) 4923 HOOKE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY DATE APRIL 15, 1939

19. FUNERAL DIRECTOR (NAME) Goodrich Goodrich
 (ADDRESS) 2228 Florence Ave

20. FILED APR 14 1939 J. B. Bridger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from JUNE 1, 1938 to APRIL 12, 1939
 I last saw him alive on APRIL 12, 1939 Death is said to have occurred on the date stated above, at 2:55 a.m.
 The principal cause of death and related causes of importance were as follows:

CORONARY OBSTRUCTION
Chn. nephritis 1937

Other contributory causes of importance:

- Name of operation P. Ex Date of 15
 What test confirmed diagnosis? Was there an autopsy? Yes

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?
 If so, specify J. B. Bridger, M. D.
 (Signed) J. B. Bridger (Address) 4114 W. Florence Ave

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.....

Charles Goodhart
working under my personal supervision.

Registered Apprentice No.....

Signed *Charles Goodhart*
Licensed Embalmer No. *2777*
P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.