

1939

Registration District No. 784 Federal Registration District No. 20 Registrar's No. 1784

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Demay
(c) Name of hospital or institution 9327 S Broadway
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town _____
(d) Street No. 9327 S Broadway
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Nora H. Gillick 420
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M F 5. Color or race W
6. (b) Name of husband or wife late Harry F. Gillick 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1-24-1863

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 10 year 1939 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Mar. 19, 1938 to Oct. 10, 1939
that I last saw her alive on Oct. 10, 1939 and that death occurred on the date and hour stated above.
Immediate cause of death Uremia 5 days

8. AGE: Years 76 Months 8 Days 16 If less than one day _____ hr. _____ min.
9. Birthplace Unknown
10. Usual occupation None

Due to Chronic Interstitial Nephritis and Myocarditis 2 yrs
Due to _____
Other conditions _____
Major findings: 131
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business 9
12. Name Unknown Crosby
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown
16. (a) Informant's own signature Nora H. Gillick
(b) Address 9327 S Broadway
17. (a) Burial (b) Date thereof 10-13-39
(c) Place: burial or cremation N. S. Peter & Paul Cem.
18. (a) Signature of funeral director Southern and Co
(b) Address 6322 Grand
19. (a) OCT 11 1939 (b) [Signature]

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(?) means of injury _____
23. Signature A. W. Peters (M. D. or other) 1
Address 4145a S. Grand Date signed 10/10

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.

Dr Peters
2-4
4145 S. Grand

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~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Vigil J. Berryman

Licensed Embalmer No. 4098

P. O. Address 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 this body is not embalmed, above space should be left blank.