

JAN 12 1940

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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 41308  
10431

Registration District No. 3000

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County St. Louis 1  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lutheran Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether  
 In this community Life  
 years, months or days)

3. (a) PRINT FULL NAME Henry Gillman 455  
 8. (b) If veteran, name war No  
 8. (c) Social Security No. 489-18-9151

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased Feb. 1st, 1852.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 10 1 hr. min.

9. Birthplace Jefferson County Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Beer brewer

11. Industry or business Beer

MOTHER FATHER  
 12. Name Jacob Gillman  
 13. Birthplace Jefferson County Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Becker  
 15. Birthplace Jefferson county Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Helen Gillman  
 (b) Address 3423 South Jefferson

17. (a) Burial (b) Date thereof 12/6/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director John Ziegenheim  
 (b) Address 7027 Gravoia Ave.

19. (a) DEC 6 1939 (b) J. B. Buehler  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3519a California  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. Life years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2  
 year 1939 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from Nov. 19, 1939, to Dec 2, 1939;  
 that I last saw him alive on Dec 2, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

Due to Cholera myxomatosa

Due to \_\_\_\_\_

Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings: None  
 Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Emil G. Buehler M.D. (M. D. or other) \_\_\_\_\_  
 Address 1901 Cherokee Date signed 12.3.39

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**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..... *C. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address *6937<sup>a</sup> Gravois* .....

**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.**