

Registration District No.

791

Primary Registration District No.

Registrar's No.

9574

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of town or county)
 (c) Name of hospital or institution: Missiope
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEWilliam H. Gourley3. (b) If veteran,
name was none

3. (c) Social Security

70407-7413

4. Sex. Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clemence Bourke
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased April 30 1885
 (Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 18 If less than one day
 hr. min.

9. Birthplace Carter County Mo
(City, town, or county) (State or foreign country)10. Usual occupation Gardner Maker11. Industry or business R. F. R. RR12. Name Wm H. Gourley13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Matilda Richmond15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clemence Bourke(b) Address Belleville Ills.17. (a) Belleville Ills. (b) Date thereof Nov 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt Hope18. (a) Signature of funeral director Edw. Schneider(b) Address Belleville Ills19. (a) NOV 22 1940 (b) J. Broadbeck
(Date signed local health officer) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ills (b) County St Clair
 (c) City or town Belleville NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 505 Bux
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18th
 year 1940 hour 7 Pm minute _____ M.

21. I hereby certify that I attended the deceased from November 16th, 1940, to 18th, 1940;
 that I last saw him alive on Nov 18th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

agranulocytosis

Duration

UncertainDue to Uncertain - probably following a cellulitis of 13 daysDue to Abscess of left handOther conditions
(Include pregnancy within 3 months of death)74Major findings:
Of operations _____Of autopsy agranulocytosis

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) _____
 (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Paul T. Moore, M.D. (M. D. or other)
 Address Missiope Hospital Date signed 11-18-40

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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 Me

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

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P.O. Address P. 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.