

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St. Louis, Mo.
 (a) County _____
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 4 yrs. 1 mo. 12 days
 In this community: 5 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: 000
 (c) City or town: St. Louis
 (If outside city or town limits, write "RURAL")
Stag Hotel
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM GILLESPIE

3. (b) If veteran, name war: No 3. (c) Social Security No. No

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: Single 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Feb. 2, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 1 If less than one day
 hr. _____ min. _____

9. Birthplace: Pittsburg Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation: Stevedor

11. Industry or business: Stevedor

12. Name: Thomas Gillespie

13. Birthplace: Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Mary

15. Birthplace: Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant: John J. ...
(b) Address: 5400 ...

17. (a) BURIAL (b) Date thereof: 1-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY

18. (a) Signature of funeral director: Buller & Kelly

(b) Address: 1416 N. Taylor Ave. St. L.

19. (a) JAN 7 1941 (b) J. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1941 hour 12:35 minute P M.

21. I hereby certify that I attended the deceased from 11-23-36, 19____, to 1-3-41, 19____; that I last saw him alive on 1-3-41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertrophic Heart Disease
7-1-40x

Due to: Right Empyema 7-1-40x
Non tubercular

Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: Yes.

Duration _____
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: J. H. ... (M. D. or other) _____
Address _____ Date signed _____

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.....

working under my personal supervision.

Myself

Registered Apprentice No.....

*city license
#145*

Signed *Glenn E. Anderson*

Licensed Embalmer No. *4141*

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, fact should be so stated above.