No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 213

Registrar's No. 213

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4432 Washington Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis Mo. 1917
(If outside city or town limits, write "RURAL")

(d) Street No. 4432 Washington Blvd 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Gilmer Standish

3. (b) If veteran, name war

3. (c) Social Security No. 490-01-0449

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Myles Standish

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased March (Month) 18 (Day) 1913 (Year)

8. AGE: Years	Months	Days	If less than one day
27	9	22	hr. min.

9. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

10. Usual occupation Advertising

11. Industry or business Famous Barr Co.

MOTHER FATHER

12. Name Ludwell Gilmer

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Mary Alexander

15. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

16. (a) Informant Dr. Norman M. Orgel

(b) Address 4933 West Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd T14

19. (a) JAN 10 1941 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year 1941 hour 6 minute 25 P. M.

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

Immediate cause of death Laceration of Brain due to Gunshot Wound Injury Bullet was accidentally discharged at her home at 4432 Washington Blvd Jan 9 1941 Decedent Home Unknown

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Accident

(b) Date of occurrence Jan 9 1941

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury Gun

23. Signature James J. Rippinger 3 Counsel (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.