

FILED JUL 6 1942 791

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 5423

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution MO. 26 days
(Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis, 922
(If outside city or town limits, write "RURAL")

(d) Street No. 2636 Randolph
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Gilliam

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept 15-1895
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Joe Strong

13. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name Edna

15. Birthplace NOT KNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Cole

(b) Address 92 So. 23rd St.

17. (a) Burial (b) Date thereof 6/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Co.

18. (a) Signature of funeral director Blund Fun Home

(b) Address 215 So. Jefferson Ave

19. (a) JUN 9 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, year 1942 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 26, 1942 to June 22, 1942 that I last saw her alive on June 22, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension with Cerebral Thrombosis 4 weeks

Due to _____

Due to 8/3

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

Major findings: _____
Of operations _____
Of autopsy _____

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. P. Craven (M. D. or other) _____
Address 2001 Whittier Date signed 6/23/42

8414 (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.....

Licensed Embalmer No. *269A*

P. O. Address *2769 Chouteau*

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.