. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1942

State File No. 28759

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7563

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. ANTHONY HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 916
(If outside city or town limits, write "RURAL")

(d) Street No. 4052 CONNECTICUT
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM P. GOURLEY

3. (b) If veteran, name war no.

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWED

6. (b) Name of husband or wife ANNE

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

7. Birth date of deceased APRIL (Month) 5, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	5	hr. min.

9. Birthplace CROSS PLAINS, (City, town, or county) TENNESSEE (State or foreign country)

10. Usual occupation LIVE STOCK DEALER

11. Industry or business

FATHER
12. Name WILLIAM GOURLEY
13. Birthplace GALLETON, (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name SUSAN MILLER
15. Birthplace GALLETON, (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant MRS. CHARLES RICHEY

(b) Address 4052 CONNECTICUT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/11/42 (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director OSCAR J. HOFFMEISTER

(b) Address 4016 Chippewa

19. (a) SEP 10 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10
year 1942 hour 4 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept 5-1942, 19 to Sept 10, 1942
that I last saw him alive on Sept 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration

Due to Hy Pretension

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)

(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?
(Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 3115 S. Grand Date signed 9/10/42

(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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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.