

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

LED JUN 19 1949
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mos. 1 day**
In this community **Unknown** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL.")
(d) Street No. **3129a Magazine**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **David Gilliehan**

3. (b) If veteran, name war **20 yrs** 3. (c) Social Security No. **493-10-2146**

4. Sex **Male** 5. Color or race **2 caucasian** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Lilie** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **Aug 18th 1905**
(Month) (Day) (Year)

8. AGE: Years **37** Months **9** Days **25** If less than one day _____ hr. _____ min.

9. Birthplace **Paducah Ky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business _____

12. Name **Benjamin Gilliehan**

13. Birthplace **Christiansburg Ky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Henderson**

15. Birthplace **Lyons Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Gilliehan**

(b) Address **1300 Reading Paducah Ky**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-17-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. J. Brudeck**
(b) Address **3133 Bell ave**

19. (a) **JUN 15 1949** (Date received local registration) **J. J. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13,**
year **1943** hour **11** minute **50 P. M.**

21. I hereby certify that I attended the deceased from **April 12,** 19**43,** to **June 13,** 19**43;**
that I last saw him alive on **June 13,** 19**43;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia (Autopsy)** Duration **1 week**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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. E. Smith** (M. D. or other) _____

Address **2601 Webster** Date signed **6/15/43**

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.....

S. J. Watson

Licensed Embalmer No. *2198*

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.