

No. 2
5-17-39
I X36871

FILED APR 13 1944

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2926 Texas Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Alfred G. Gillard

3. (b) If veteran, name war Spanish 3. (c) Social Security No. 710

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresa Gillard 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 7 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 11 24 hr. min.

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business

12. Name George Gillard

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

14. Maiden name Susan Farrell

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

16. (a) Informant Theresa Gillard

(b) Address 2926 Texas Av.

17. (a) Burial (b) Date thereof 4-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director With Bro. L. G. ...

(b) Address 2929 S. Jefferson Av.

19. (a) APR 1 1944 (Date received local registrar) J. S. Bessner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2926 Texas Av.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31
year 1944 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Mar. 30 1944, to Mar. 31, 1944
that I last saw him alive on Mar. 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion
Due to Arterio-sclerosis

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 W. Bismarck (M. D. or other) Mar 31

Address 3014 S. Jefferson Date signed Mar 31

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

MAY 12 1944

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2929 S. Jefferson av

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.