V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23012

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6898

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:
Mo. Baptist Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 1469a Laurel
(If rural, give location)

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

3. (a) PRINT FULL NAME James Gill

3. (b) If veteran, name war

3. (c) Social Security No. 494-03-4393

4. Sex Male

5. Color or race 0 White

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

6. (b) Name of husband or wife Nettie Gill

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. (Month) 24th (Day) 1894 (Year)

8. AGE: Years 49 Months 8 Days ~~9~~ 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Phil. 7 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Busch-Selzer Co.

FATHER
12. Name James W. Gill
13. Birthplace (City, town, or county) Phil. 7 (State or foreign country)

MOTHER
14. Maiden name Catherine Hoban
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Nettie Gill
(b) Address 1469a Laurel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) AUG 7 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th
year 1944 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug. 4, 1944, to 8-5, 1944
that I last saw him alive on 8-5-44, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis General — Duration 1 day

Due to Perforated Gastric ulcer — 1 day

Due to

Other conditions (Include pregnancy within 3 months of death) 117

Major findings:
Of operations
Of autopsy Perforated Gastric ulcer. Peritonitis

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 S. H. Hale 0 (M. D. or other)
Address 4903 Delmar Date signed 8/7/44

(Licensed Embalmer's Statement on Reverse Side)

Dr [redacted] W. Hale Pa [redacted]
210 N. Benson
1-4 Monday

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address .....

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.