

FILED AUG 21 1944 318

Primary Registration District No. 1003

Registrar's No.

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

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: 4762^{1/2} Cote Brillante
(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

3. (a) PRINT FULL NAME AMOS JEFF GILMER

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. 702-12-7764

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 23, 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Rubles, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Labor-Construction

11. Industry or business _____

12. Name Chas. C. Gilmer

13. Birthplace Potosi, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Ella F. Marney

15. Birthplace Carroll Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Gilmer

(b) Address Posworth, Mo.

17. (a) burial (b) Date thereof Aug 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Mo.

18. (a) Signature of funeral director J. F. Marney

(b) Address Blagow, Mo.

19. (a) AUG 8 1944 (Date received local registrar)

J. F. Brudeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) N.R.

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1944 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death gunshot wound of head and brain self-inflicted in his new home at 4762^{1/2} Cote Brillante, Mo. about 1:30 AM Aug 7, 1944

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) suicide

(b) Date of occurrence Aug 7, 1944

(c) Where did injury occur? At home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) _____

23. Signature W. J. Henry (M. D. or other) _____

Address Deputy, Carrollton Date signed 8/8/44

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

JUL 28 1945

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..... *H.P. McCarry*

Licensed Embalmer No. *3183*

P. O. Address..... *Glasgow, Mo*

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.