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#42597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18710

FILED JUN 30 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5035

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis 17 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3324 Michigan Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Gillenberg

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February (Month) 4 (Day) 1883 (Year)

8. AGE: Years 62 Months 4 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Wood Machine

11. Industry or business Busch

MOTHER FATHER

12. Name William Gillenberg

13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Margaret Gillenberg

(b) Address 3324 Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wachter & Eberle

(b) Address 3634 Gravois Avenue

19. (a) JUN 7 (Date received local registrar) (b) 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1945 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from 5/29/45, 19..., to 6/6/45, 19...; that I last saw him alive on 6/6/45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Urinary Carcinoma of bladder with metastasis	
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 H. Knight Wade Jr. (M. D. or other)

Address 1515 Lafayette Date signed 6/6/45

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

(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.....

Licensed Embalmer No.....

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.