V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3997

FILED JAN 21 1946

Registration District No. 3 Primary Registration District No. 3068 Registrar's No. 143

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

1983

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7263 Zephyr Place / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Maplewood 5 (If outside city or town limits, write "RURAL")
(d) Street No. 7263 Zephyr Place 3 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Kathryn A. Gilsinn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. /
5. Color or race W.
6. (a) Single, widowed, married, divorced W. /
6. (b) Name of husband or wife Angelo Gilsinn
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 12, 1875 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	11	4	hr. min.

9. Birthplace (City, town, or county) Kansas / (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name James Allen
13. Birthplace (City, town, or county) Kansas / (State or foreign country)
MOTHER 14. Maiden name Unk. Corakyle
15. Birthplace (City, town, or county) Kansas / (State or foreign country)
16. (a) Informant Mrs. Cliff Brady
(b) Address 7263 Zephyr Place
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Leavenworth, Kansas
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 1-17-46 (Date received local registrar) (b) E. G. McGarvan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th., year 1946 hour 7 minute a. M.
21. I hereby certify that I attended the deceased from 1938, 19 to 1/15, 1946 that I last saw her alive on 1/15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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) No
(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 J. B. Brisco (M. D. or other) Md
Address Maplewood Mo Date signed 4/16/46

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rindell

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.