

No. 2  
4-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
18 APR 1946  
STANDARD CERTIFICATE OF DEATH  
1003

14735  
3236

State File No.  
Registrar's No.

Registration District No. Primary Registration District No.

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:  
3029 N. Broadway /  
(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:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3029 N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Ambrose Gilsinn  
3. (b) If veteran, name war World War 1 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 5  
year 1946 hour 11 minute 30-8 M.  
21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased October 25 1894  
(Month) (Day) (Year)

Immediate cause of death.....  
Due to Labor Pneumonia  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

8. AGE: Years Months Days If less than one day  
About 50 5 10 hr. min.  
9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man  
11. Industry or business.....  
12. Name John Gilsinn  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary C Toole  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Alice Lorenz  
(b) Address 4145 W Lee Ave.  
17. (a) Burial (b) Date thereof 4/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Stroot-Carroll  
18. (a) Signature of funeral director 4600 Natural Bridge Ave.  
(b) Address.....  
19. (a) ADD 8 1946 J. F. Bredbeck  
(Date of death) (Registrar's signature)

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 Detrick E Taylor (M. D. or other) 3  
Address..... Date signed 4/9/46

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

MOTHER FATHER

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**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. *4366*

P. O. Address *St. Louis, 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.**