

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Clara Gillaspie**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Page** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 21st 1891**
(Month) (Day) (Year)

8. AGE: Years **55** Months **3** Days **21** If less than one day _____ hr. _____ min.

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

10. Usual occupation **home**

MOTHER FATHER { 12. Name **John Milner**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Roundtree**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Inez Brewer**
(b) Address **3825 Potomac, St. Louis, Mo.**

17. (a) **burial** (b) Date thereof **Feb. 15, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Hacker - Walker & Co.**
(b) Address **3634 Gravois, St. Louis, Mo.**

19. (a) **FEB 15 1947** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

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. **3825 Potomac Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12th**
year **1947** hour **3** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Feb. 5**
19**47**, to **Feb. 12** 19**47**,
that I last saw her alive on **Feb. 11** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Hypertensive Heart Disease
Congestive Heart Failure

Due to _____
Due to _____
Other conditions **Old Cerebral Thrombosis**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **Cardiac enlargement**

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 **Robert J. Farrell** (M. D. or other) _____
Address **624 N. Union** Date signed **2/14/47**

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

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.....

Frank J. Myland.
2645
Soledad

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.