

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(c) Name of hospital or institution **Proctor 2**
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **921 Leeward**
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

3. (a) PRINT FULL NAME **Eddie Gilmore**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **21st**
year **1947** hour **10** minute **5** M.
21. I hereby certify that I attended the deceased from **May 10** to **May 21**, 19**47**.

4. Sex **Male** 5. Color **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John Gilmore**
6. (c) Age of husband or wife if alive **abt. 1904**
7. Birth date of deceased (Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
abt 43 **0** **0** **0** **0** hr. **1** min.

Immediate cause of death **Coronary thrombus**

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

Due to **Coronary thrombus**
Due to **M. M. A. in**

10. Usual occupation **Laborer**

Other conditions (Includes pregnancy within 3 months of death)

11. Industry or business **unk**

Major findings: Of operations **9/4**

12. Name **unk**

Of autopsy

13. Birthplace (City, town, or county) (State or foreign country) **unk**

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? Means of injury

14. Maiden name **unk**

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

16. (a) Informant **H. G. Gilmore**
(b) Address **300 Park**
(c) Place: burial or cremation **Anatomical Board** Date thereon **6-11/47**
(d) Signature of funeral director **W. R. ...**
(e) Address **5500 Rte 88**

23. Signature **Robert P. ...** (M. D. or other) **6/9/47**
Date signed

17. (a) Date received local registrar **JUN 30 1947**
(b) Registrar's signature **J. J. Bruesch**

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

MOTHER FATHER

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 Harry Mattox, Registered Apprentice No. 501 working under my personal supervision.

Signed Wm G. Kappa

Licensed Embalmer No. 2971

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.