No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29063
3109

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: St. Clair
(c) City or town: Dupo
(If outside city or town limits, write "RURAL")
(d) Street No.: 313 Louisa Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FRED ELI GILL, SR.
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No.: 702 - 16 - 5038
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Ethel
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: October 24, 1877 (Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Clay City Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Railroad Conductor (retired)
11. Industry or business: Missouri Pacific Railroad

FATHER
12. Name: Eli Gill
13. Birthplace: McArthur, Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Metcalf
15. Birthplace: Cambridge, Ohio (City, town, or country) (State or foreign country)

16. (a) Informant: Mrs. Ethel Gill
(b) Address: 313 Louisa Ave., Dupo, Illinois
17. (a) Dupo, Illinois (Burial, cremation, or removal) (b) Date thereof: Aug 26, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Dupo, Illinois
18. (a) Signature of funeral director: Harold A. Darbure
(b) Address: Dupo, Illinois
19. (a) AUG 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1947 hour 8:20 minute A. M.
21. I hereby certify that I attended the deceased from Aug 19, 1947 to Aug 26, 1947 that I last saw him alive on Aug 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral thrombosis — Duration: 8 days
Due to: generalized arteriosclerosis — Duration: unk
Due to: —
Other conditions: Hypertension — Duration: unk
(Include pregnancy within 3 months of death)
Major findings: —
Operations: —
Of autopsy: —

PHYSICIAN: Underline the cause of 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? —
While at work? (Specify type of place) (e) Means of injury: 0
23. Signature: C. H. Johnson (M. D. or other)
Address: 1755 So. Grand Date signed: 8/26/47

Jefferson City Printing Co. (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 Body Not embalmed Registered Apprentice No. working under my personal supervision.

Signed Harold A. Dashner

Licensed Embalmer No.

P. O. Address Dupo, Illinois

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.