. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35753

Registrar's No. 9934

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: Barnard Free Skin and Cancer Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 17 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3813 Russell Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN JAMES GILL
3. (b) If veteran, name war
3. (c) Social Security No. 499-01-5307

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Scott Gill
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased December (Month) 6 (Day) 1882 (Year)

8. AGE: Years 64 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation GUARD
11. Industry or business SCULLEN STEEL CO.
MOTHER FATHER
12. Name Thomas M. Gill
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Mary Anderson Brooks
15. Birthplace Maysville (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs. Edna Gill
(b) Address 3813 Russell Blvd
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 28 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director W. J. Robert & Co.
(b) Address 1905 So. Grand Blvd.
19. (a) OCT 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 26 year 1947 hour 7 minute 25 A.M.
21. I hereby certify that I attended the deceased from Sept 9, 1947, to Oct 26, 1947; that I last saw him alive on Oct 26, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Squamous cell carcinoma of larynx	10 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Carcinoma of larynx, marked arteriosclerosis, bronchopneumonia

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? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature Milton E. Wooldridge (M. D. or other) M.D.
Address 3427 Washington Blvd Date signed Oct 27, 1947

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Rex Campbell.....

Licensed Embalmer No.....3881.....

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.