No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7342

Registration District No. 524 — Primary Registration District No. 3065 — Registrar's No. 444

1. PLACE OF DEATH:
(a) County: ST LOUIS
(b) City or town: GLENDALE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1027 E ESSEX AVE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Weeks (Specify whether years, months or days)
In this community: 55 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST LOUIS
(c) City or town: WEBSTER GROVES (If outside city or town limits, write "RURAL")
(d) Street No.: 748 TUXEDO BVLD (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME: OLIVE MAY GILL
3. (b) If veteran, name war: No
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOW
6. (b) Name of husband or wife: GEORGE M GILL
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: NOV. 11 1860 (Month) (Day) (Year)

8. AGE: Years 87 | Months 3 | Days 14 | If less than one day — hr. — min.

9. Birthplace: PIKE CO (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business: —
MOTHER FATHER
12. Name: JOHN McCUNE
13. Birthplace: PIKE CO (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name: MARIA TAPLEY
15. Birthplace: PIKE CO (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: McCUNE GILL
(b) Address: 5803 WATERMAN AVE ST. L.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: BELLEFONTAINE CEM.
18. (a) Signature of funeral director: Parker Funeral Co
(b) Address: WEBSTER GROVES-MO
19. (a) 2-17-48 (Date received local registrar) (b) Carl C. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 15 year: 1948 hour: 11 minute: 05 P.M.
21. I hereby certify that I attended the deceased from Feb 3, 48 Feb 15, 1948 to Feb 15, 1948; that I last saw h. alive on Feb 15, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Myocarditis, Chronic
Due to: 93d
Due to:
Other conditions: Arterio-sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: N. Luecenberg (M. D. or other)
Address: 323 N. Euclid Date signed: 2/16/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Frisco Bldg. Box 5104
Ter. 30165

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 C C Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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.