

No. 300
10.48

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6-076 Registrar's No. 2370

1. PLACE OF DEATH a. COUNTY <u>St. Louis Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BADEN St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BADEN 4001</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>Bellefontaine & Hall Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Tr. School</u>		3. NAME OF DECEASED a. (First) <u>Stanley</u> b. (Middle) _____ c. (Last) <u>Gill</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 2 1950</u>	5. SEX <u>Male</u>	6. COLOR OR RACE. <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>
8. DATE OF BIRTH <u>6-12-1940</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>	IF UNDER 4 HRS. Hours <u>19</u> Min. <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Forrest Wm. Gill</u>	13b. MOTHER'S MAIDEN NAME <u>Gertrude Block</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy M. Ellersich M.D. St. Tr. Sch.</u> ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immunization due to inability to assimilate food.</u>		<u>5 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extreme malnutrition</u>		<u>4 days.</u>
DUE TO (c) _____		2865	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Idiocy - Spastic paralysis, 10 yrs.</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2865</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept. 27, 1950, to Oct. 2, 1950, that I last saw the deceased alive on Oct. 2, 1950, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dorothy M. Ellersich M.D.</u>	23b. ADDRESS <u>St. Louis State Tr. School</u>	23c. DATE SIGNED <u>10-2-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Green Park & Lemay Ferry Rds.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Holmeiser</u> ADDRESS <u>7814 So. Broadway, St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-3-50</u>	REGISTRAR'S SIGNATURE <u>H. Donke M.D.</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 78141 Broadway

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.