

FILED JUL 19 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 24624
 5495

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4336			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 6959 Pershing Ave. /			
3. NAME OF DECEASED (Type or Print) a. (First) HORACE		b. (Middle) STRINGFELLOW		c. (Last) GILLIAM		4. DATE OF DEATH (Month) (Day) (Year) 6-16-51	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH May 30 1871	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Certified Public Accountant, self-employed.				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Petersburg, Va. /	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Thomas S. Gilliam		13b. MOTHER'S MAIDEN NAME Agnes Stringfellow		14. NAME OF HUSBAND OR WIFE Eloise Semple Gilliam			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eloise S. Gilliam, 6959 Pershing			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 41 MOS.	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF ESOPHAGUS					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) _____					
		ii. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis, general				5 yrs.	
		Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease with Angina Pectoris				8 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Biopsy of esophagus March 1951- Undifferentiated Ca.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150X			
22. I hereby certify that I attended the deceased from June 6, 1951 , to June 16, 1951 , that I last saw the deceased alive on June 16, 1951 , and that death occurred at 5:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles M. Ross, M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUN 18 1951		REGISTRAR'S SIGNATURE J. W. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.			

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

5495

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Melvin L. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. 4052

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.