

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28494

FILED SEP 1 1951

318

1003

Registrar's No. 7423

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2900a Dodier St.</b>				d. STREET ADDRESS (If rural, give location) <b>10 2900a Dodier St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Wilhelmina</b>		a. (First)		b. (Middle) <b>E.</b>		c. (Last) <b>Mo. Gillick</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<b>Aug.</b>		<b>18,</b>		<b>1951</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 23, 1887</b>		9. AGE (In years last birthday) <b>64</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Marshfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Edward Coe</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Cummins</b>		14. NAME OF HUSBAND OR WIFE <b>John Mo. Gillick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Mo. Gillick 2900a Dodier St.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma metastasis</b>  ANTECEDENT CAUSES 3. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma nasopharynx</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b> <b>4 mo</b>	
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)			
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? <b>153X</b>			
22. I hereby certify that I attended the deceased from <b>7/10</b> , 19 <b>51</b> , to <b>8/18</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>7/15</b> , 19 <b>51</b> , and that death occurred at <b>8 30</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Harry Gillick M.D.</b> (Degree or title)				23b. ADDRESS <b>5641 1/2 S. Kingshighway</b>		23c. DATE SIGNED <b>8/20/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-21, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 20 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cullinane Bros. 3320 N. Kingshighway</b>			

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

*W.S.B.*

**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 *Fred Frick* .....

Licensed Embalmer No. **3186** .....

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.