

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39036**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9755					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) I Year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		2257					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2342, Carr Street				STREET ADDRESS (If rural, give location) 2342, Carr Street							
3. NAME OF DECEASED (Type or Print) Diana Gilmore			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) II - 1st, 1951					
5. SEX Female 3		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Singel		8. DATE OF BIRTH II 9th 1908					
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months II Days 22		IF UNDER 1 MIN. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant Nil			10b. KIND OF BUSINESS OR INDUSTRY Domesticts			11. BIRTHPLACE (State or foreign country) Memphis Shelby Co. Tenn!					
12. CITIZEN OF WHAT COUNTRY? U.S.A			13a. FATHER'S NAME Freddie Gilmore		13b. MOTHER'S MAIDEN NAME Ruth. Lee		14. NAME OF HUSBAND OR WIFE Nil				
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 Jannie Raymond				ADDRESS 2342, Carr. Stre			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncha - Pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR H91X							
22. I hereby certify that I attended the deceased from October 31, 1951 , to Nov. 1, 1951 , that I last saw the deceased alive on Oct. 31, 1951 , and that death occurred at 10 A m. , from the causes and on the date stated above.											
23a. SIGNATURE W. A. H. Clark, MD.				23b. ADDRESS 2748 A Franklin		23c. DATE SIGNED 11-2-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE II - 5 - 1951		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) ST. Louis Missouri					
DATE REC'D BY LOCAL REG. NOV 5 1951		REGISTRAR'S SIGNATURE J. Earl Smith MD.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Houston		ADDRESS 2629, Washington Blv					

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

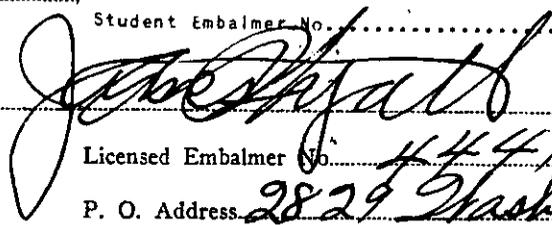
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 4441

P. O. Address. 2829 Washington

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.