

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40234**
10611

DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI)		a. STATE Illinois	b. COUNTY Richland
c. LENGTH OF STAY (In this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Olney	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 8120 8	

3. NAME OF DECEASED (Type or Print)	a. (First) GENEVIVE	b. (Middle) MNM	c. (Last) GILL	4. DATE OF DEATH (Month) NOV. (Day) 15, (Year) 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-27-1911	9. AGE (In years last birthday) 41	If under 1 year: Months _____ Days _____	If under 24 hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Steve Williams	13b. MOTHER'S MAIDEN NAME Grace Padgett	14. NAME OF HUSBAND OR WIFE G. P. Gill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME G. P. Gill	ADDRESS Olney, Illinois
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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 4 YEARS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYELOGENOUS LEUKEMIA.		
	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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2041
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22. I hereby certify that I attended the deceased from **NOV 15, 1952** to **NOV 15, 1952**, that I last saw the deceased alive on **NOV 15, 1952**, and that death occurred at **9:25 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE Lucien B. Kuge M.D. (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/18/52	24c. NAME OF CEMETERY OR CREMATORY Wells Cemetery	24d. LOCATION (City, town, or county) (State) Wayne County, Illinois
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DATE REC'D BY LOCAL REG. NOV 18 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE E. St. Louis, Ill.	ADDRESS
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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 _____

Licensed Embalmer No. 3162

2525 State Street

P. O. Address East St. Louis, Illinois

NO EMBALMED

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.