

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31272**  
**8222**  
Registrar's No.

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1017

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>2259</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis MO</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give locality) <b>5 No. 9<sup>th</sup> St. 25</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <b>Frank</b> b. (Middle) <b>Gilliland</b> c. (Last) <b>Gilliland</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>8 9 53</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never</b>		8. DATE OF BIRTH <b>1895-78</b>	
9. AGE (In years last birthday) <b>58</b> IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>never</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>never</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>never</b>	
12. CITIZEN OF WHAT COUNTRY? <b>9</b>		13a. FATHER'S NAME <b>never</b>	
13b. MOTHER'S MAIDEN NAME <b>never</b>		14. NAME OF HUSBAND OR WIFE <b>never</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give day or dates of service) <b>never</b>		16. SOCIAL SECURITY NO. <b>never</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>T. P. Taylor</b>		ADDRESS <b>1300 Clark</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Arterio Sclerosis</b> 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"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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? <b>4201</b>		22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Albert H. Hoppe, Registrar</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>8/22/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>8-25-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington</b>	
DATE REC'D BY LOCAL REG. <b>AUG 25 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</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..

*W. B. Embalm*  
*1042 Dr. D. D. ...*

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.