

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2810**
Registrar's No. **0888**

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) OR TOWN St. Louis c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA City Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2179 c. CITY OR TOWN St. Louis d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 3664 Blaine avenue	
3. NAME OF DECEASED (Type or Print) HERBERT a. (First) b. (Middle) c. (Last) GILLAM		4. DATE OF DEATH (Month) (Day) (Year) 1-26-54	
5. SEX male 0	6. COLOR (R RACE) white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3	8. DATE OF BIRTH 9-9-1905
9. AGE (In years last birthday) 48 # UNDER 1 YEAR Months Days # UNDER 2 HRS. Hours # MIN. Min.		11. BIRTHPLACE (City and State or Foreign Country) Desloge, Mo. U	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY general	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert Gillam	
13b. MOTHER'S MAIDEN NAME Anna Jenkerson		14. NAME OF HUSBAND OR WIFE unknown	
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. unknown	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Ogle, Festus, Mo.			
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) Ruptured Esophageal Varix; ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of Liver 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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? 5810			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:10 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Counselor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1-28-54		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 1-28-54		24c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery	
24d. LOCATION (City, town, or county) (State) Crystal City, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Politte F.H., Crystal City, Mo.	
DATE REC'D BY LOCAL REG. JAN 28 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

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.....
Signature of Student Embalmer

Signed *J. Allen Day*.....
Licensed Embalmer No. *49*.....
P. O. Address *St. J.*.....

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.