

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1955

State File No. 23773

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6395

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )	c. LENGTH OF STAY (in this place) <b>0</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist</b>		STREET ADDRESS (If rural, give location) <b>5235 Waterman Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jennie W.</b> b. (Middle) <b>Gilmore</b> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>7-23-55</b>
---	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1876</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZENSHIP OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Matthew Gilmore</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Eggs</b>	14. NAME OF HUSBAND OR WIFE _____
---	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Geo. A. Frederick</b>	ADDRESS <b>414 Yorkshire</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebrovascular accident</b> DUE TO (c) <b>Infirmities of old age</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 <b>33X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____

22. I hereby certify that I attended the deceased from 7-10- 1955 to 7-23- 1955, that I last saw the deceased alive on 7-22- 1955, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Valery P. Blair Jr. M.D.</b>	(Degree or title)	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>July 25 1955</b>
--	-------------------	-------------------------------------	--------------------------------------

24a. BURIAL CREMATION (Specify) <b>BURIAL</b>	24b. DATE <b>7/26/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontane</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <b>JUL 25 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Hoover</b>	ADDRESS <b>Walter Hoover</b>
---	--	---	------------------------------

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.....  
Signature of Student Embalmer

Signed *Neville B. Frohette*

Licensed Embalmer No. *369*

P. O. Address *15 W. Lock*

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.