

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6504

FILED MAR 5 1956

State File No.

318

1003

Registrar's No. 1768

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO.
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
ST. Louis

c. LENGTH OF STAY (In this place) _____

c. CITY OR TOWN ST. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital

e. STREET ADDRESS (If rural, give location) 19 3744 Olive ST 219 1/2

3. NAME OF DECEASED
a. (First) EDDIE b. (Middle) SAMPSON c. (Last) Gillespie

4. DATE OF DEATH
(Month) (Day) (Year)
2-16-56

5. SEX MALE

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH OCT 20 1932

9. AGE (In years last birthday) 23
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 2 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Meridan, Miss.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SAMPSON Gillespie

13b. MOTHER'S MAIDEN NAME Tossie Harrison

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. 300-30-2546

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Tossie Gillespie: 3744 Olive ST

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) Pulmonary embolus

ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease

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
hours _____
Years _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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)
416x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10/5/53, 19____, to 2/16/56, 19____, that I last saw the deceased alive on 2/16/56, 19____, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. S. Vannellon, M.D.

23b. ADDRESS Barnes Hospital

23c. DATE SIGNED 2/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 2/20/56

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) (State) ST. Louis CO. MO.

DATE REC'D BY LOCAL REG. FEB 20 1956

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. Robinson & Sons, 3253 Cass Ave.

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..... *Leroy W. Linnin*

Licensed Embalmer No. *452*

P. O. Address *3880 Ave*

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.