

STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1957

State File No. 2734
Registrar's No. 50

BIRTH NO. 33387-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY -St. Louis

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

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

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collinsville 8120 8

d. FULL NAME OF HOSPITAL OR INSTITUTION 13 Incarnate Word Hospital

d. STREET ADDRESS (If rural, give location) 32 102 March Drive

3. NAME OF DECEASED (Type or Print) a. (First) Terrie b. (Middle) Ann c. (Last) Gille

4. DATE OF DEATH (Month) (Day) (Year) 1/2/57

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH 4/21/56

9. AGE (In years last birthday) 8

IF UNDER 1 YEAR Days 11

IF UNDER 24 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 None

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Anthony Gille

13b. MOTHER'S MAIDEN NAME Patricia Collier

14. NAME OF HUSBAND OR WIFE None

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS 102 March Dr. Collinsville, Ill

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Imp 107
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 492x

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)

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

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 12-30, 1956, to 1-2, 1957, that I last saw the deceased alive on 1-2, 1957, and that death occurred at 9-PM, from the causes and on the date stated above.

23a. SIGNATURE P. J. Cappel MD (Degree or title)

23b. ADDRESS 3284 Parkside Ave

23c. DATE SIGNED 1-4-57

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

24b. DATE 1/5/57

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County Missouri

DATE REC'D BY LOCAL REG. JAN 4 1957

REGISTRAR'S SIGNATURE Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. Mullen & Sons 5165 Delmar Bl

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

Ms 5-2504
3/28/84 Overman

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

Earl Morris

Licensed Embalmer No.

3360

P. O. Address

Paris

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.