

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

XC-2 335 036

SL-11622 FILED FEB 26 1957

Registration District No. 318

318

Primary Registration District No. 1003

STATE FILE NUMBER

Registrar's 1482

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN EAST ALTON 8120	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS 226 GOULDING	
3. NAME OF DECEASED (Type or print) First FRED Middle D. Last GILLASPY		4. DATE OF DEATH Month 2- Day 12- Year 57	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-28-79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HISTORICAL RESEARCH		100. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED	11. BIRTHPLACE (City and state or country) KNOXVILLE, IOWA
13. FATHER'S NAME JAMES GILLASPY		14. MOTHER'S MAIDEN NAME NELLIE DAWSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPAW		16. SOCIAL SECURITY NO. None	17. INFORMANT VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, acute of both lower lobes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>D.K. gas in room</i> DUE TO (c) <i>gas in room</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Second and third degree burns left thigh and leg			INTERVAL BETWEEN ONSET AND DEATH ?
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Caught clothing on fire while smoking at home		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 10-14-56	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, for m. factory, street, office bldg., etc.) 32 home
20f. CITY, TOWN, OR LOCATION E. Alton, Madison, Illinois		20g. COUNTY STATE 812 MO	
21. I attended the deceased from 10-16-56 to 2-12-57 and last saw <del>him</del> <sup>her</sup> alive on 2-12-57 Death occurred at 1:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.K. Neppel</i>		22b. ADDRESS M.D. VA HOSP. ST. LOUIS, MO.	22c. DATE SIGNED 2-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-15-57	23c. NAME OF CEMETERY OR CREMATORY National - Jeff Bks	23d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.
24. FUNERAL DIRECTOR Edward Fendler Mortuary 5611 S. Grand		25. DATE RECD. BY LOCAL REG. FEB 13 '57	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service  
000-56  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of other diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Cleared by M. H. Land with Deputy Coroner Quinn 2-12-57.

MEDICAL CERTIFICATION

6213

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 *Harry J. Schuman*.....  
Licensed Embalmer No. *76*.....

P. O. Address *5611 20th*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.