FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19572

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1135

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson — Inside Limits Yes # No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 241 S. Barat — Length of stay in Ib 11 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ferguson 4119 — Inside Limits Yes # No ☐
d. STREET ADDRESS 241 S. Barat (If outside, give location) — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First BESS Middle MARIE Last GILLETTE
4. DATE OF DEATH Month April Day 30 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Mar. 27, 1910
9. AGE (In years last birthday) 47 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Ware, Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David M. Reed
14. MOTHER'S MAIDEN NAME Harriett Camfer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John M. Gillette, Address 241 S. Barat

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of rt colon — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153X
19. WAS AUTOPSY PERFORMED? YES ☐ NO # 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 1953 to 4-30-57 and last saw her alive on 4-30-57
Death occurred at 4 P M m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. D. Johnson M.D. (Degree or title)
22b. ADDRESS Ferguson Mo
22c. DATE SIGNED 5-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 5-3-57
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) St. Louis Co., (State) Missouri
24. FUNERAL DIRECTOR WHITE CHAPEL, ADDRESS FERGUSON, MISSOURI
25. DATE RECD. BY LOCAL REG. 5-2-57
26. REGISTRAR'S SIGNATURE Herbert B. Donk MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by .....; Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Elenan Rovine

Licensed Embalmer No. 3403

P. O. Address Jennings, M

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.