

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003437

FILED VS FEB 2 1960

Registration District No. _____ Primary Registration District No. _____ Registrar No. **3 579** STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 days	c. CITY OR TOWN E. St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMIN DESLOGE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1108 Morgan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Carl Middle (Carroll) Last Gilmore			4. DATE OF DEATH Month 1 Day 15 Year 60		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 10 Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY VIRGINIA CAROLINE	11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Samalle Gilmore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 355-01-2520
17. INFORMANT Samalle Gilmore		Address 1108 Morgan

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Labor Pneumonia following		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	816.4 26

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH by no means to be confused with disease condition given in PART I (a) Injury suffered by no means to be confused with if explosion between		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. MURDER <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Do not describe how injury occurred, time, nature of injury in PART I or PART II of item 18.) Verdict deceased and cap operated by one Stanley Dishon, Hubby
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 1-7-60	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, farm, factory, street, office bldg., etc.) Hubby	20f. CITY, TOWN, OR LOCATION Fairmont City Ill

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Keith M. Jones (Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-18-60	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois
24. FUNERAL DIRECTOR WASH FUNERAL HOME ADDRESS 111 N. 13th	25. DATE RECD. BY LOCAL REG. JAN 18 1960	26. REGISTRAR'S SIGNATURE M. B. Coan Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed M. James Mason
Licensed Embalmer No. 4434

P. O. Address 111 N. 13th

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.