SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-006497

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1567 STATE FILE NUMBER 6497-61

FILED VS FEB 28 1961

1. PLACE OF DEATH a. COUNTY MAR 6 1961

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | Length of stay in 1b | c. CITY OR TOWN ST.LOUIS,MO | Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1 | Inside Limits Yes ☐ No ☐ | d. STREET ADDRESS (If outside, give location) 2812 CHOUTEAU | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GARY Middle Last GILLIAN | 4. DATE OF DEATH Month Feb. Day 3 Year 1961

5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH 2/3/61 | 9. AGE (last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours 2 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 (City and state or country) ST.LOUIS,MO | 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME BOOKER GILLIAM | 13b. MOTHER'S MAIDEN NAME GEORGIA MAE STEWART | 14. NAME OF HUSBAND OR WIFE

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 ST.LOUIS CITY HOSP. #1. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Congenital atelectasis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Abruptio placenta

DUE TO (c) Prematurity 761.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ | 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 2/3/61 to 2/3/61 and last saw her/him alive on 2/3/61

Death occurred at 1:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gerald J Duling (Degree or title) MD. | 22b. ADDRESS 1515 LAFAYETTE AVE | 22c. DATE SIGNED 2/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE FEB 28 1961 | 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board | 23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Rowland Mortuary Svc. ADDRESS 1104-06 Manchester | 25. DATE REC'D. BY LOCAL REG. FEB 16 1961 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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