ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010839

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3200

FILED APR 14 1961

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO — Length of stay in 1b 19 yrs.

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5806 VICTORIA — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 5806 VICTORIA — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MAUDE Middle GILLESPIE Last

4. DATE OF DEATH Month 4 Day 4 Year 1961

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Widowed ☐ Never Married ☑ Divorced ☐

8. DATE OF BIRTH 4-17-1872

9. AGE (last birthday) 88 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HR 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 (City and state or country) CAMDEN, TENN

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME THOMAS GILLESPIE

13b. MOTHER'S MAIDEN NAME MATTIE HALL

14. NAME OF HUSBAND OR WIFE NONE

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 HARRY GILLESPIE Address 5806 VICTORIA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arterial occlusion, cerebral (CVA)

DUE TO (b) Arteriosclerosis, generalized

DUE TO (c) 331X

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

O.K. Joseph Lee Deputy Coroner 4/5/61

INTERVAL BETWEEN ONSET AND DEATH

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 4/4/61 and last saw her alive on 2/3/61

Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W B Kieffer, M.D.

22b. ADDRESS 100 N. Euclid, St. Louis 8Mo

22c. DATE SIGNED 4/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 4-7-1961

23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY

23d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO.

24. FUNERAL DIRECTOR HOWARD H. MICHEL ADDRESS 5930 SOUTHWEST

25. DATE RECD. BY LOCAL REG. APR 5 1961

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, M

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.