

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4806

STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY S  
 b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in lb 9 days  
 c. FULL NAME OF (if NOT in hospital, give location) St. Luke's Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St. Louis  
 c. CITY OR TOWN Kirkwood Inside Limits Yes  No   
 d. STREET ADDRESS (If outside; give location) 220 Way Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First DOROTHY Middle GILLESPIE Last GILLESPIE 4. DATE OF DEATH Month May Day 21 Year 1961  
 5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 10/17/21 9. AGE (last birthday) 39 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer 10b. KIND OF BUSINESS OR INDUSTRY American Red Cross 11. BIRTHPLACE (City and state or country) Decatur, Ga. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert Meador 13b. MOTHER'S MAIDEN NAME Keren Hollinhead 14. NAME OF HUSBAND OR WIFE Joseph Gillespie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Joseph Gillespie, 220 Way Ave., Kirkwood, 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) Brain tumor, verified, meningeal INTERVAL BETWEEN ONSET AND DEATH approx 2 hrs  
 DUE TO (b) Sarcoma, 5 middle + posterior fossa.  
 DUE TO (c) 193.2

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 5-13-61 to 5-21-61 and last saw her <sup>him</sup> alive on 5-20-61  
 Death occurred at 9:25 PM - 5-21-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Greg E Rouche MD 22b. ADDRESS 3720 Washington Ave St. Louis 22c. DATE SIGNED 5-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5/23/61 23c. NAME OF CEMETERY OR CREMATORY Decatur Cemetery 23d. LOCATION (City, town, or county) (State) Decatur, Ga.

24. FUNERAL DIRECTOR ADDRESS Louis H. Popp Inc. Kirkwood, Mo. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Lead Smith. D.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Francis J. Wyland Jr*  
Licensed Embalmer No. 4512  
P. O. Address *Richwood, Mo*

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.