

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029962

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7306 STATE FILE NUMBER

FILED JUL 19 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>2/15/9</u>	
3	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9	
10	
11	
12 <u>90-0</u>	
13	
<u>90</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
	INSTEAD OF
	DOCUMENT
	MEDICAL CERTIFICATION
	SHOULD READ
	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4518 Virginia</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4518 Virginia</u>				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>AUGUST</u> Middle <u>C.</u> Last <u>GILLMAN</u>			4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1963</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>12/28/1882</u>		9. AGE (last birthday) <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chiropractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Co. USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Gillman</u>				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE <u>Emily Gillman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT Address <u>Emily Gillman 4518 Virginia</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHR MYOCARDITIS</u> DUE TO (b) <u>ARTERIO-SCLEROSIS</u> DUE TO (c) <u>SENILE 4221</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>1yr +</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour <u>5:30</u> s.m. <u>PM</u> Month, Day, Year <u>7/10/63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>7/10/63</u> to <u>7/14/63</u> and last saw her alive on <u>7/10/63</u> . Death occurred at <u>5:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Robert P. Smith</u> (Degree or title)						22b. ADDRESS <u>5203 CHIPPewa ST</u>			22c. DATE SIGNED <u>7/15/63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/17/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>			23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>				
24. FUNERAL DIRECTOR <u>John L. Ziegenhein &amp; Sons 7027 Gravois</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 15 1963</u>		26. REGISTRAR'S SIGNATURE <u>Robert Smith, M.D.</u>					

USE BLACK INK OR TYPEWRITER RIBBON

**AND CERTIFICATE OF DEATH**

STATE FILE NUMBER \_\_\_\_\_

Registration District No. \_\_\_\_\_

UNIQUE RESIDENCE (where deceased lived in immediate preceding location)

a. STATE \_\_\_\_\_ b. COUNTY \_\_\_\_\_

c. CITY OR TOWN \_\_\_\_\_

(If length of stay in Ill. (fill only) \_\_\_\_\_)

1. DECEASED (fill) \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. (If outside this location) \_\_\_\_\_

4. Yes  No

5. Yes  No

6. Yes  No

7. Yes  No

8. Yes  No

9. Yes  No

10. Yes  No

11. Yes  No

12. Yes  No

13. Yes  No

14. Yes  No

15. Yes  No

16. Yes  No

17. Yes  No

18. Yes  No

19. Yes  No

20. Yes  No

21. Yes  No

22. Yes  No

23. Yes  No

24. Yes  No

25. Yes  No

26. Yes  No

27. Yes  No

28. Yes  No

29. Yes  No

30. Yes  No

31. Yes  No

32. Yes  No

33. Yes  No

34. Yes  No

35. Yes  No

36. Yes  No

37. Yes  No

38. Yes  No

39. Yes  No

40. Yes  No

41. Yes  No

42. Yes  No

43. Yes  No

44. Yes  No

45. Yes  No

46. Yes  No

47. Yes  No

48. Yes  No

49. Yes  No

50. Yes  No

51. Yes  No

52. Yes  No

53. Yes  No

54. Yes  No

55. Yes  No

56. Yes  No

57. Yes  No

58. Yes  No

59. Yes  No

60. Yes  No

61. Yes  No

62. Yes  No

63. Yes  No

64. Yes  No

65. Yes  No

66. Yes  No

67. Yes  No

68. Yes  No

69. Yes  No

70. Yes  No

71. Yes  No

72. Yes  No

73. Yes  No

74. Yes  No

75. Yes  No

76. Yes  No

77. Yes  No

78. Yes  No

79. Yes  No

80. Yes  No

81. Yes  No

82. Yes  No

83. Yes  No

84. Yes  No

85. Yes  No

86. Yes  No

87. Yes  No

88. Yes  No

89. Yes  No

90. Yes  No

91. Yes  No

92. Yes  No

93. Yes  No

94. Yes  No

95. Yes  No

96. Yes  No

97. Yes  No

98. Yes  No

99. Yes  No

100. Yes  No

**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.

STATE \_\_\_\_\_ Student \_\_\_\_\_ Signed \_\_\_\_\_  
Signature of Student Embalmer

*Donald Benz*

Licensed Embalmer No. 483

P. O. Address St Louis 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.