

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029963

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8024

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 15 1963

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| VS 300<br>Rev. 4/59 | DATE AMENDED                             |
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| 74                  | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS |
|                     | INSTEAD OF                               |
|                     | DOCUMENT                                 |
|                     | MEDICAL CERTIFICATION                    |
|                     | SHOULD READ                              |
|                     | BY AFFIDAVIT OF                          |

|   |  |   |  |   |  |  |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br>St. Louis   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br>St. Louis                         |  | Length of stay in 1b<br>32 Years  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br>Mo      |  | b. COUNTY<br>St. Louis  |  | c. CITY OR TOWN<br>Wellston   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br>St. John's Hospital   |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (if outside, give location)<br>6473 Moll Place   |  |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Clyde Blaine Gillman  |  |   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br>August 6, 1963   |  |   |  |   |  |  |  |
| 5. SEX<br>Male  |  | 6. COLOR OR RACE<br>White   |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>4/2/1906   |  | 9. AGE (last birthday)<br>57  |  | IF UNDER 1 YEAR<br>Months Days  |  | IF UNDER 24 HR<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Bus Operator   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Bi-State Development Corp  |  |  |  | 11. BIRTHPLACE (City and state or country)<br>Granby, Missouri  |  | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.   |  |  |  |
| 13a. FATHER'S NAME<br>Charles Gillman   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br>May Johnson  |  |  |  | 14. NAME OF HUSBAND OR WIFE<br>Lela Marie Gillman   |  |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No None   |  |   |  |   |  | 17. INFORMANT Address<br>Mrs Clyde B. Gillman 6473 Moll Place  |  |   |  |   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Cerebrovascular Thrombosis</i> |  |   |  |   |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>5 days  |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                |  |   |  |   |  |  |  |   |  | 332x  |  |  |  |
| 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour s.m. p.m.   |  | Month, Day, Year  |  |   |  |  |  |   |  |   |  |  |  |
| 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 7-31-63 to 8-5-63 and last saw him alive on August 5, 1963   |  |   |  |   |  | Death occurred at 10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br>Francis P. Nash, M.D.   |  |   |  | 22b. ADDRESS<br>100 North Euclid, St. Louis, Mo   |  |  |  | 22c. DATE SIGNED<br>8-6-63  |  |   |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |  | 23b. DATE<br>8/9/63   |  | 23c. NAME OF CEMETERY OR CREMATORY<br>Memorial Park Cemetery  |  | 23d. LOCATION (City, town, or county)<br>St. Louis Co, Missouri  |  | (State)   |  |   |  |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br>Alexander & Sons 6175 Delmar Blvd   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br>AUG 7 1963  |  | 26. REGISTRAR'S SIGNATURE<br>Earl Smith, M.D.  |  |   |  |   |  |  |  |

USE BLACK INK OR TYPEWRITER RIBBON

Dr Francis P. Nash

100 No. Euclid Ave

Ph. 7-4031

8001

**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 J. Allen Davis Jr.

Licensed Embalmer No. 7053

P. O. Address J.H.

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.