

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH17886
STATE FILE NUMBERRegistration District No. **318** Primary Registration District No. **1003** Registrar's No. **4368**

| | | | |
|--|---|--|--|
| 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, MISSOURI | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | d. STREET ADDRESS 4233 Castleman Ave. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First VERNON Middle DOUGLAS Last GILLHAM | | | 4. DATE OF DEATH MAY 2, 1956 Month Day Year |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 14, 1914 |
| 9. AGE (In years last birthday) 42 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Designing Engineer-White Rogers Elec. Co. Holly, Colorado | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (City and state or country) Holly, Colorado | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Claude Gillham | | 14. MOTHER'S MAIDEN NAME Ada C. Merk | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2 | | 16. SOCIAL SECURITY NO. 494-03-6812 | |
| 17. INFORMANT Nellie F. Gillham | | Address 4233 Castleman | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 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) | | | 19. WAS AUTOPSY PERFORMED? 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.) H201 | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | 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 4/30/56 to MAY 2, 1956 and last saw her/him alive on 12:50 A.M. Death occurred at 12:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Signature) (Degree or title) | | 22b. ADDRESS 1515 LAFAYETTE AVE. | 22c. DATE SIGNED 5/2/56. |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE May 4, 1956 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| 24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. MAY 3 1956 | 26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P. |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATE OF MISSOURI

DEPARTMENT OF HEALTH

DATE

NAME

ADDRESS

CITY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Edwin M. Aermuth*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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

(Note: 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.