

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

4610

1. PLACE OF DEATH

County..... Registration District No. *702*
 Township..... Primary Registration District No. *30003*
 City..... *St. Louis mo.* (No. *Barnes Hospital*) St. Ward)

File No.
 Registered No. *1294*

2. FULL NAME *Walter Aloys Gilbert*

(a) Residence. No. *4317 Eichelberger* St. *15* Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 25-1880*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<i>48</i>	<i>1</i>	<i>0</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Salesman*
 (b) General nature of industry, business, or establishment in which employed (or employer) *Lambert Furniture Co.*
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *Elio Gilbert*

11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY) *Unknown*

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY) *Unknown*

14. INFORMANT *Noel Gilbert* (Address) *4317 Eichelberger*

15. FILED *27 1929* *Max C Stanley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

7 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Jan - 25th 1929*
 17. **HEREBY CERTIFY**, That I attended deceased from *Jan - 24 - 1929*, to *Jan 25 - 1929* that I last saw h. *live* on *1 - 25 - 29*, 19....., and that death occurred, on the date stated above, at *11:25 P. m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

An atheroscleritis Chronic
540
450
795 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Hypertension - Myocarditis, Ch. Pneumonia Terminal Bronchitis* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *1-24-29*
 WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *W. J. Farnum*, M. D.
1/25/29 (Address) *Barnes Hospital*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

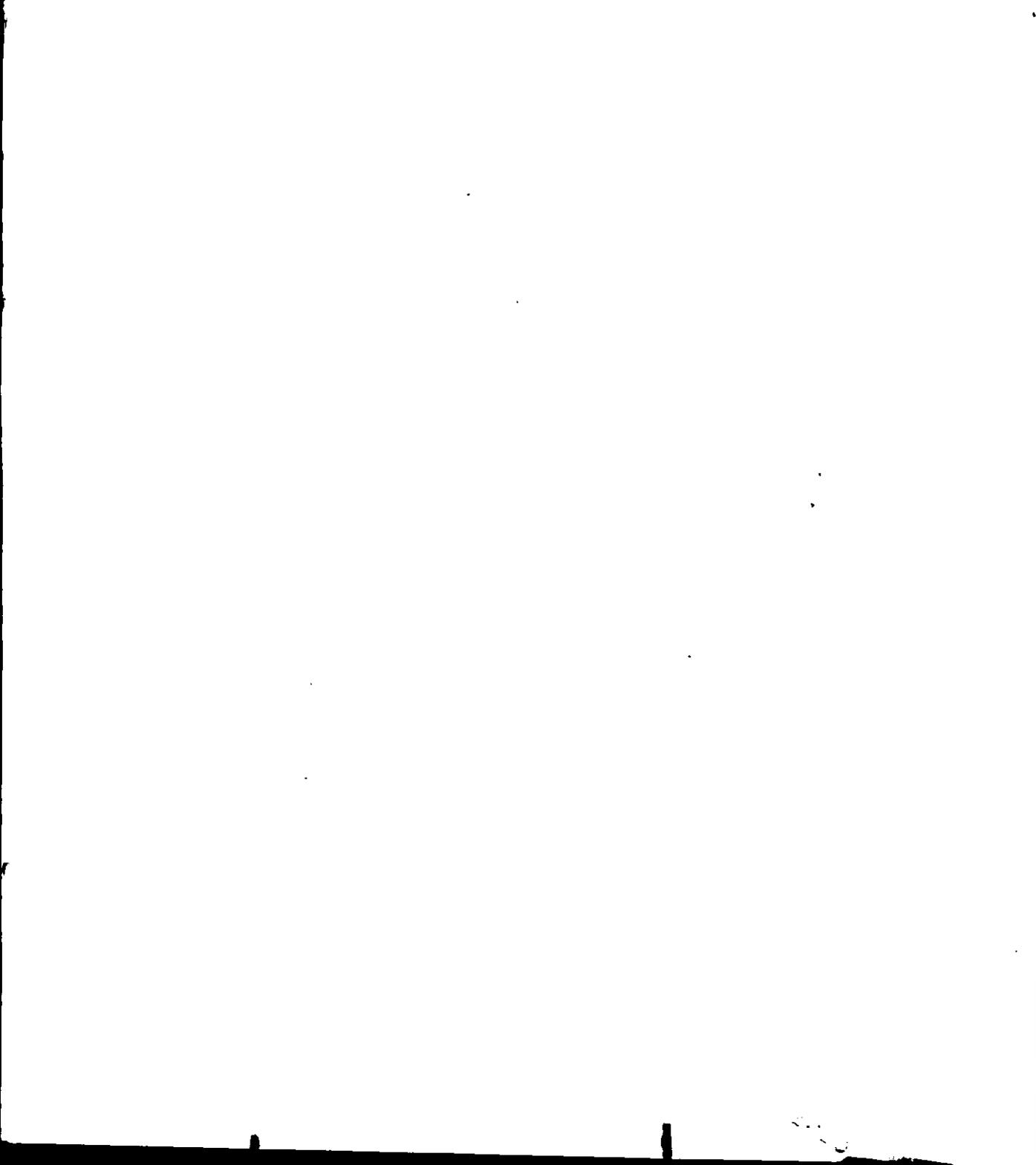
19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Matthews C. M.* DATE OF BURIAL *1-28-1929*

20. UNDERTAKER *Ziegenhein Bros. 2623 S. Shuckee St.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ON THIS RECORD IS A PERMANENT RECORD.

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cated by check marks, lacking from the death certificate.

Name: Walter Aural Gilbert

Who died at: St. Louis, Mo on Jan 25, 1929

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Arachnoiditis, Chronic

Operation for Benign Brain Tumor, Information given over Phone by Dr. W. L. Ham

Contributory: Hypertension - Myocarditis

chronic Pneumonia terminal

Where was disease contracted? Bronchitis, non Tubercula
City of W. S. 11-1-29

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

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