JAN 10 1938

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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11397

City St. Louis, Mo. (No. ....., City Sanitarium ..... St. ..... Ward)

2. FULL NAME Harry Gilbert

(a) Residence, No. 3936 Blaine Ave., St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Marie G. Gilbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 9, 1881

7. AGE: YEARS 56 | MONTHS 0 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brass Molder 68

10. Date deceased last worked at this occupation (month and year): 1910

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri 1

FATHER

13. NAME: Albert Gilbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky 2

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown 31

17. INFORMANT (ADDRESS): R. J. Mueller, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Dec. 11, 1937

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Avenue

20. FILED: DEC 11 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-9-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-37, 19..., to 12-9-37, 19...

I last saw him alive on 12-9-37, 19... Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis 7-1-37x	
Myocarditis, Chronic 7-1-37x	

Other contributory causes of importance:
Arteriosclerosis generalized 7-1-37x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. J. Mueller, M. D.

(Address) 5400 Arsenal 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.

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