

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ALBERT'S HOTEL - 2100 N. BROADWAY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 25 YEARS years, months or days)

3. (a) PRINT FULL NAME GUS K. GIMBUTIS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-16-5044

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased UNKNOWN  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ABOUT 55 hr. min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) LITHUANIA

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business CHASE HOTEL

12. Name UNKNOWN

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Belmont

(b) Address 2109 N. 13th St.

17. (a) Removal (b) Date thereof 8/12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. ST. LOUIS, ILL.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address B. ST. LOUIS, ILL.

19. (a) AUG 12 1946 (b) J. F. Brodeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS 267  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 2100 N. BROADWAY 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 40 YEARS years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 6  
year 1946 hour 12:50 minute P.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic Myocarditis  
Chronic Tuberculosis

Due to \_\_\_\_\_

Due to 12/21

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature Wm J. Perry (M. D. or other) 3

Address Depts. 1000 Date signed 8/14/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed O. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

**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 this body is not embalmed, above space should be left blank.**