

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

31756

State File No.

8402

FILED OCT 7 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Luke's Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Frances M. Gilster
(b) If veteran, name war Nil
(c) Social Security No. Unknown

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Karl Gilster
(c) Age of husband or wife if alive 48 years
7. Birth date of deceased August 8 1897

8. AGE: Years 49 Months 1 Days 19 If less than one day

9. Birthplace Des Moines Iowa

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William H. Ammons
13. Birthplace Unknown Iowa
14. Maiden name Bertha Marion
15. Birthplace Unknown Iowa

16. (a) Informant Karl Gilster
(b) Address Chester, Ill.

17. (a) Removal (b) Date thereof 9-29-46
(c) Place: burial or cremation Des Moines, Iowa

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 30 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph
(c) City or town Chester
(d) Street No. 421 Opdyke
(e) Citizen of foreign country? (Yes or No)?
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27th
year 1946 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from Aug 19 1946 to Sept 27 1946
that I last saw her alive on Sept 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death -
Anemia
Myocarditis
Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration 2 wks.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

While at work? (Specify type of place)
23. Signature J. F. Bredek (M. D. or other)
Address 4500 Olive Date signed 9-27-46

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

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8402
APR 22 1947

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 Charles G. Kaffen
Licensed Embalmer No. 2971

P. O. Address.....

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, fact should be so stated above.