No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

#14749

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14115

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3985

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2414 Elliott Ave. 9
Memorial 28 (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BABY BOY GILCHRIST
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Infant C
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 26 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 9 hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation None
11. Industry or business

MOTHER FATHER
12. Name Ralph Gilchrist
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Laura Wheaton
15. Birthplace Iowa (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Laura Gilchrist
(b) Address 2414 Elliott Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hodiamont Ave.
19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1948 hour 11 minute A M.
21. I hereby certify that I attended the deceased from 4/26/48, 19..., to April 26th, 19 48 that I last saw him alive on April 26th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work?
(e) Means of injury

23. Signature F. G. Keller (M.D. or other)
Address 1515 Lafayette Date signed 4/28/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1954

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.....No Embalm.....

Licensed Embalmer No.....

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.