FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 24 1949
Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42806

Primary Registration District No. 6076

Registrar's No. 30[illegible]

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Adminis tration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year & 49 days (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 237 Peek Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FIELD, Gilbert B.

3. (b) If veteran, name war World I

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della C.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 20 (Day) 1888 (Year)

8. AGE: Years 60 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Higginsville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Dentist

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director A.H.Hoppe Fu. Home
(b) Address 4700 Washington, St.Louis, Mo.

19. (a) 12-30-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1948 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from November 8, 1947, to December 27, 1948;
that I last saw him alive on December 27, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYDROCEPHAULUS, WITH ORGANIC PSYCHOSIS, MEDULLARY COMPRESSION	Unk.
xxxx Contributory cause: Hyperthyroidism with auricular xxxx fibrillation, acute dilatation of stomach	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Autopsy performed (See cause of death)	

63 B
344 X

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) no
(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)
While at work? L.E. Stilwell
23. Signature L.E.Stilwell, Chief, Proffessional Services (M.D. or other)
Address VAH, Jeff. Bks. Mo. Date signed 12/28/48

(Licensed Embalmer's Statement on Reverse Side)

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. Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.