

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24621  
State File No. 6630

FILED AUG 7 1951

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|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place)<br><b>30 years</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  | 2119   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Homer Phillips Hosp.</b>   |  |  |  | STREET ADDRESS<br><b>1011 A. North Newstead</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Charles</b>  |  | a. (First)   |  | b. (Middle) <b>Gilbert</b>  |  | c. (Last)  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>Col</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   |  | 4. DATE OF DEATH<br>(Month) : (Day) : (Year)<br><b>July 21 1951</b>                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Porter</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   |  | 8. DATE OF BIRTH<br><b>Feb. 4, 1899</b>   |  | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.<br><b>52</b> |  |
| 11. BIRTHPLACE (State or foreign country)<br><b>Prospect, Tenn.</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  | 13a. FATHER'S NAME <b>Sam Gilbert</b>   |  |  |  |
| 13b. MOTHER'S MAIDEN NAME <b>Cassie Martindale</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Bervée Gilbert</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>  |  |  |  |
| 16. SOCIAL SECURITY NO. <b>360-03-9798</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Bervée Gilbert</b>  |  |   |  | ADDRESS <b>1011 A. N. Newstead</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.          |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Oedema Brain</b><br>INTERVAL BETWEEN ONSET AND DEATH _____<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <b>334X</b>   |  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:55 P.M.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <b>Med. Officer Deputy Town</b> (Degree or title)   |  |  |  | 23b. ADDRESS <b>1300 Clark</b>  |  | 23c. DATE SIGNED <b>7/25/51</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial U</b>  |  | 24b. DATE <b>7-27-51</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>                                    |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUL 25 1951</b>   |  | REG. <b>J. B. Pasate</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.L. Beal Und. Co. 4303 Delmar</b>  |  |  |  |

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

X

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur P. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4740<sup>th</sup> Campbell Pl

**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.