

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6402

State File No. _____

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1298**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 23 2214a Missouri avenue	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) E	
c. (Last) GILBERT		4. DATE OF DEATH (Month) (Day) (Year) FEB. 8, 1952	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓	8. DATE OF BIRTH 2-21-1863
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) boat captain		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Evan Gilbert	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Estella Besterfeldt		ADDRESS 2214 a Miss. ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC BRAIN SYNDROME DUE TO SENILE BRAIN DISEASE		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X

22. I hereby certify that I attended the deceased from **7-9-51**, 19____, to **2-8-52**, 19____, that I last saw the deceased alive on **2-8-52**, 19____, and that death occurred at **7:10 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwin N. Schmidt, M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-9-52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-9-52	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Ballwin, Mo.		

DATE REC'D BY LOCAL REG. FEB 11 1952	REGISTRAR'S SIGNATURE J. Carl Schmidt	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home	ADDRESS Ballwin, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John Ketter

Signed
Student Embalmer

Licensed Embalmer No. 3880

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.