

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27283

State File No. ....

FILED AUG 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1976

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)  
a. STATE Missouri b. COUNTY St. Louis Co.

b. CITY (If outside corporate limits, write RURAL and give township)  
Normandy

c. CITY OR TOWN Normandy #181

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 7626 Natural Bridge Rd.

e. STREET ADDRESS (If rural, give location)  
7626 Natural Bridge Rd.

3. NAME OF DECEASED  
a. (First) DAISEY b. (Middle) \_\_\_\_\_ c. (Last) GILKINSON

4. DATE OF DEATH  
(Month) (Day) (Year)  
July 17, 1953.

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH Yeral 1877 AGE (In years last birthday) Don't Know About 76

IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housework

10b. KIND OF BUSINESS OR INDUSTRY  
Retired - at Home

11. BIRTHPLACE (City and State or Foreign Country)  
Illinois

12. CITIZEN OF WHAT COUNTRY?  
U.S.

13a. FATHER'S NAME  
W.K. Gilkinson

13b. MOTHER'S MAIDEN NAME  
Don't Know

14. NAME OF HUSBAND OR WIFE  
NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
St. Clementine 7626 Nat. Bridge Rd.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral occlusion  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
48 hrs

19a. DATE OF OPERATION  
none

19b. MAJOR FINDINGS OF OPERATION  
none

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
no

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
none

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_  
none

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
none

22. I hereby certify that I attended the deceased from 7-17, 1953 to 7-17, 1953, that I last saw the deceased alive on 7-17, 1953, and that death occurred at 6:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
W. Stachle M.D.

23b. ADDRESS  
7124 Natural Bridge

23c. DATE SIGNED  
7-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
July 20, 1953

24c. NAME OF CEMETERY OR CREMATORY  
St. Ann Cem.

24d. LOCATION (City, town, or county) (State)  
Normandy, Mo.

DATE REC'D BY LOCAL REG. 7-18-53 REGISTRAR'S SIGNATURE  
Herbert R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Jos. W. Clark 1125 Hodiamont Ave.,

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

D. Martin Stahl  
7124 Nat. Bridge Rd.  
Ev. 7117.

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.....  
Signature of Student Embalmer

Signed *J. Wm. Bensley*.....

Licensed Embalmer No. *3653*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.