

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7121**

BIRTH NO. **980** FEB 18 1954 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **239**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson	
c. LENGTH OF STAY (in this place) 14 yrs		d. STREET ADDRESS (If rural, give location) 218 Tiffin Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 Tiffin Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Philip	
c. (Last) Gilbert		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1954.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1904
9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electronic Eng.		10b. KIND OF BUSINESS OR INDUSTRY U.. S. Def.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.. S.	
13a. FATHER'S NAME Charles Gilbert		13b. MOTHER'S MAIDEN NAME Margaret Mowrer	
14. NAME OF HUSBAND OR WIFE Grace Schmidt Gilbert			
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. 489-07-2455	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grace Gilbert, Ferguson, Mo.			
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) Carcinomatosis ANTECEDENT CAUSES Adenocarcinoma primary DUE TO (b) Site undetermined. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1999	
19a. DATE OF OPERATION Nov. 1953		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma, primary site undetermined	
20. AUTOPSY? 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/10, 1953 , to 1/25, 1954 , that I last saw the deceased alive on 1/25, 1954 , and that death occurred at 10:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles E. Martin M.D.		23b. ADDRESS 4020 N. Florissant	
23c. DATE SIGNED 1/26/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1/27/54	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) 7600 St. Chas. Rd.,	
DATE REC'D BY LOCAL REG. 1-26-54		REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.		ADDRESS	

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 Eleana Shovine

Licensed Embalmer No. 3403

P. O. Address Jennings, Mo

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.