

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44160

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2915

1. PLACE OF DEATH a. COUNTY St. Louis		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 township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Christian Old People's Home		d. STREET ADDRESS (If rural, give location) 6243 Southwood	

3. NAME OF DECEASED (Type or Print) George M Gilbert			4. DATE OF DEATH (Month) (Day) (Year) 12 18 1954		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 11-12-1872		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 1 Days 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Conrad Grocer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) Salem, Massachusetts	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME James Gilbert		13b. MOTHER'S MAIDEN NAME Margaret Dempsey		14. NAME OF HUSBAND OR WIFE Jennie M. 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. 489-01-8952A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie Gilbert	
				ADDRESS	

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				INTERVAL BETWEEN ONSET AND DEATH 8 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		DUPLICATE heart disease				years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE					
DUPLICATE		DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
				4200	

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 type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from July 1, 1954, to Dec. 18, 1954, that I last saw the deceased alive on Dec 17, 1954, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. O. Taylor M.D.		23b. ADDRESS 6600 Washington Ave. St. Louis		23c. DATE SIGNED 12-18-54	
--	--	---	--	---------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/20/54		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.	
				24d. LOCATION (City, town, or county) (State) KIRKWOOD, Mo.	

DATE REC'D BY LOCAL REG. 12-19-54		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander E. Stone, 6175 Delmar	
-----------------------------------	--	---	--	--	--

S27 (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jose E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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

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