

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>St. Louis County MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Koch</u>	c. LENGTH OF STAY (in this place) <u>7 months</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>2239</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>2232 a South Broadway</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GILBERT</u> b. (Middle) <u>PALMER</u> c. (Last) <u>ENGLISH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 8 - 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1/15/01</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NO MOVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MRAZEK MOVERS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John English</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Berry</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Haing</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-09-6004</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY E. ENGLISH</u> ADDRESS <u>2232 S. BROADWAY</u>		

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) <u>Chr. Pul. Tbc. FAR adv. Active</u>		INTERVAL BETWEEN ONSET AND DEATH <u>from 6-1-51 to 2-8-55</u>
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.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 1/29/1954, to 2/8/1955, that I last saw the deceased alive on 2/9/1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Abel R. Brown M.D.</u> (Degree or title)	23b. ADDRESS <u>Robert Koch Hosp. Mo</u>	23c. DATE SIGNED <u>2/19/55</u>
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24a. REMOVAL	24b. DATE <u>FEB. 11 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>2-10-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Douke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuto 2906 Grand</u> ADDRESS
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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 ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James E. Dill*

Licensed Embalmer No. 434

P. O. Address 2906 S

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.