

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18693

FILED JUN 7 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5021**

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, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital D O A		Length of stay in lb	d. STREET ADDRESS Missouri Athletic Club		Reside on Farm 405 No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lester Middle Robinson Last Gifford			4. DATE OF DEATH Month 5 Day 27 Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-21-1873		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Gifford & Co.,		11. BIRTHPLACE (City and state or country) New Bedford, Mass	
13. FATHER'S NAME Daniel Gifford			14. MOTHER'S MAIDEN NAME Lucy Little		
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. Yes		17. INFORMANT Address Daniel Gifford 347 Hazel Webster Groves, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1					INTERVAL BETWEEN ONSET AND DEATH 15 mins 10 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1946		20f. CITY, TOWN, OR LOCATION 5-27-57	
21. I attended the deceased from 1946 to 2 May 57 and last saw him alive on 3-28-57 . Death occurred at 3:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Milton Smith M.D.			22b. ADDRESS 3720 Washington		22c. DATE SIGNED 28 May '57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-29-1957		23c. NAME OF CEMETERY OR-CREMATORY Valhalla Cemetery	
23d. LOCATION (City, town, or county) Saint Louis			(State) Mo		
24. FUNERAL DIRECTOR Hofmeister Colonial Mortuary 6664 Chippewa Street, St. Louis, Mo			25. DATE RECD. BY LOCAL REG. MAY 28 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO

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 *Bill C. Burnett*

Licensed Embalmer No. # *7*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.