

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1957

State File No. **29477**  
Registrar's No. **7859**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **16 yrs.**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2346 Howard Street** STREET ADDRESS (If rural, give location) **2346 Howard Street**

3. NAME OF DECEASED (Type or Print) a. (First) **FRED** b. (Middle) **BERTRAND** c. (Last) **GILREATH** 4. DATE OF DEATH (Month) (Day) (Year) **Aug. 20, 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Dec. 12, 1881** 9. AGE (in years last birthday) **75** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bottling Mach. Oper.** 10b. KIND OF BUSINESS OR INDUSTRY **Soda Water Co.** 11. BIRTHPLACE (City and State or Foreign Country) **Bismarck, No. Dakota** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Gilreath** 13b. MOTHER'S MAIDEN NAME **Rose Whitney** 14. NAME OF HUSBAND OR WIFE **Mary Spencer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) **494-03-2692** 17. INFORMANT'S SIGNATURE OR NAME **James Gilreath** ADDRESS **2346 Howard St.**

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH **unmedd.**  
ANTECEDENT CAUSES DUE TO (b) **Arteriosclerosis**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **420.1**  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **now** 19b. MAJOR FINDINGS OF OPERATION **now** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **now** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **now** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **now** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **now**

22. I hereby certify that I attended the deceased from **June 10, 1955**, to **Aug 20, 1957**, that I last saw the deceased alive on **Aug 19, 1957**, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **M.E. Stalle** (Degree or title) **M.D.** 23b. ADDRESS **7124 Natural Bridge** 23c. DATE SIGNED **Aug 22, 1957**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug. 23, 1957** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **AUG 22 57** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Paul Kelly** ADDRESS **7267 Natural Bridge**

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 A. Lammone* .....

Licensed Embalmer No. *414*

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.