

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007727  
STATE FILE NUMBER  
1503

FILED MAR 5 - 1958

318

1003

Registration District No. Primary Registration District No. Registrar's No.

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 St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		Length of stay in 1b	d. STREET ADDRESS 4064 Labadie (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Gilbert T. Robertson		4. DATE OF DEATH Month Day Year 2 7 58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-8-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY St. Louis City Park	11. BIRTHPLACE (City and state or country) St. Louis Mo.
13. FATHER'S NAME William Robertson		14. MOTHER'S MAIDEN NAME Martha Apperson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 494-36-1596	17. INFORMANT Address Catherine Robertson 4064 Labadie

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 72 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Thrombosis	year
	DUE TO (c) Atherosclerotic Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pneumonia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 420.0	
20c. TIME OF INJURY Hour a. m. Month, Day, Year 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1956 to Feb 7, 1958 and last saw her alive on Feb 7, 1958. Death occurred at 10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE M. A. Casel M.D. (Degree or title)	22b. ADDRESS 2801 North Taylor	22c. DATE SIGNED 2-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/10/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
		23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Robert Kinealy Mortuary -2228 St. Louis Ave.	25. DATE RECD. BY LOCAL REG. FEB 10 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Country, State, or County of Birth, Date of Birth, and Cause of Death must be ascertained. Coroner cannot certify to a death due to natural causes.

300-56

Health, Welfare, Public Service

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 W. Hitz*.....

Licensed Embalmer No. 3

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.