WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6518

1. PLACE OF DEATH

County: St. Louis — Registration District No. 791

Township: — Primary Registration District No. 1003

City: St. Louis (No. Lutheran Hospital St. Ward)

File No.

Registered No. 1437

2. FULL NAME Gilbert E. Ireland

(a) Residence. No. 6709 Michigan Av. St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 11th 1850

7. AGE: Years 77 | Months 3 | Days 26 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clergyman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): South Hampton
(STATE OR COUNTRY): England

PARENTS

10. NAME OF FATHER: William Ireland
11. BIRTHPLACE OF FATHER (CITY OR TOWN): England
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Ann Ellis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): England
(STATE OR COUNTRY)

14. INFORMANT: Emma Ireland
(Address): 6709 Michigan Av.

15. FILED FEB 8 1928 Mary Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1928, to Feb 7, 1928 that I last saw him alive on Feb 6, 1928, and that death occurred, on the date stated above, at 5:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
90 A
Don't know
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. S. Pruett, M. D
2-8-, 1928 (Address) 6006 Virginia Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Park Lawn — DATE OF BURIAL: Feb 10 1928

20. UNDERTAKER: Hoffmeister U & L Co. — ADDRESS: 7814 S Bdwy