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

Do not use this space.

File No. 21183

Registered No. 4956

1. PLACE OF DEATH

County ..... Registration District No. 7DR

Township ..... Primary Registration District No. 7001DR

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

#3585

2. FULL NAME John Gilfood

(a) Residence, No. 3125 a Labadie Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15th 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	66	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME Peter Gilfood

14. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Catherine Mehan

16. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

17. INFORMANT Hospital Information
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE June 7 1933

19. UNDERTAKER Vaiseg & Shaberg Fun Co
(ADDRESS) 4415 Washington Blvd

20. FILED JUN 7 1933 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1933

22. I HEREBY CERTIFY That I attended deceased from June 3rd 1933 to June 6th 1933

I last saw him alive on June 6th 1933 Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	
Hypertensive Heart Disease (Chronic Myocarditis)	
Cardiac Decompensation	

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. McColeman, M. D.

(Address) City Hospital

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.

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