

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

Do not use this space.

27399  
7643

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township *St Louis Mo* Primary Registration District No. **1003**  
 City *St Louis Mo* (No. *130*) *St Newstead Ave* St. .... Ward)

**2. FULL NAME**

*Walter Gilbert*  
 (a) Residence, No. *730 St Newstead* St., *18* Ward. (If nonresident, give city or town and State)  
 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 *Rose Gilbert*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 14 - 1854*  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*80. 5. 11.*  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Solomon*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St Louis*  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.

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

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown Wolff*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT *Rose Gilbert*  
 (ADDRESS) *730 St Newstead Ave*

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *Crematorium* DATE *July 28* 19*34*

19. UNDERTAKER *Edith E. Ambrose*  
 (ADDRESS) *4224 Manchester Ave*

20. FILED *J. Brebeck*  
 JUL 27 19*34* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/28* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *6/30* 19*34* to *7/28* 19*34*  
 I last saw him alive on *7/25* 19*34* Death is said to have occurred on the date stated above, at *11:00* h.

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

*Myocarditis*  
*930*  
 Other contributory causes of importance: *None*  
 Date of onset *Unknown*

Name of operation ..... Date of .....  
 What test confirmed diagnosis? *Cholera Ex* (Specify city or town, county, and State) *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 *Edwards*  
 (Signed) *E. D. Edwards, M. D.*  
 (Address) *4216 Shaw*

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.

AUG 1-6 1934 JUL 16 1934

An. Edwards