

MAY 13 1935

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

Do not use this space.

14578

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St. Louis* (No. *1003*)

File No.

Registered No. **3411**

St. Ward)

2. FULL NAME

(a) Residence, No. *1059 South 8* Ward. *8*Length of residence in city or town where death occurred *45* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 *Katherine Gilbert*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 19 - 1889*7. AGE YEARS *45* MONTHS *6* DAYS *26* IF LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Witchman*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Guest brewery*10. Date deceased last worked at this occupation (month and year) *April 1935* 11. Total time (years) spent in this occupation. *1*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*13. NAME *Conrad Gilbert*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*15. MAIDEN NAME *Anna Wintering*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*17. INFORMANT (ADDRESS) *Wm J Kelly City Mo #1*18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *April 17, 1935*19. UNDERTAKER (ADDRESS) *Suedmeyer & Sons 3934 N. 20 St.*20. FILED *APR 15 1935* 19. *J. B. Bredek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/15* 19*35*22. I HEREBY CERTIFY, That I attended deceased from *4/11*, 19*35*, to *4/15*, 19*35*.I last saw him alive on *4/15*, 19*35*. Death is saidto have occurred on the date stated above, at *6:22* m.

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

Chronic alcoholism

75

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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?.....

If so, specify.....

(Signed) *W. Kelly*, M. D.(Address) *City Mo #1*

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

