JAN 23 1936

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

Do not use this space.

40857

File No. .....

Registered No. 186

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 333

Township St. Ferdinand Ferguson Town Primary Registration District No. 4468

City Florissant, Mo. (No. St. Stanislaus Sem., ... St. ..... Ward)

2. FULL NAME Rev. Albert Gilbert S. J.,

(a) Residence, No. Florissant Mo. St., ... Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	15	

OCCUPATION

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

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) (STATE OR COUNTRY) New Mexico

FATHER

13. NAME Joseph Gilbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico

17. INFORMANT Bro. Jennings
(ADDRESS) Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Stanislaus Cem., DATE Dec. 9/35, 19

19. UNDERTAKER Jos. W. Clark,
(ADDRESS) 1125 Hodiemont Ave.,

20. FILED 12/7, 1935 W. A. Zitler Registrar.
Carl B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at AM m.

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

Chr. arteriosclerosis, generalized, Date of onset
Chr. interstitial nephritis,
Chr. hypertension, chr. myocarditis,

Other contributory causes of importance:

Coronary occlusion, angina pectoris. Died under attack of angina pectoris. Senility.

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

What test confirmed diagnosis? Coroner's view 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? .....

If so, specify .....

(Signed) Julius Turner 12/7/35, M. D.

(Address) 3715 Jennings Rd.

Coroner Tom, Mo

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.

St.

Dr. L.B. Tiernon,
Pine Lawn, Mo.