

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.....
Primary Registration District No. 1003
No. Desloge Hospital

File No. 4175
Registered No. 1219
St. Ward)

2. FULL NAME La Roy K. Gilbert

(a) Residence, No. 3622 Commonwealth St. 3 Ward. 1

(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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Drucella Gilbert</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19, 1913.</u> | | |
| 7. AGE YEARS <u>23</u> | MONTHS <u>10</u> | DAYS <u>6</u> |
| If LESS than 1 day, hrs. or min. | | |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician 92</u> |
| | 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) Missouri. /

13. NAME John B. Gilbert

14. BIRTHPLACE (CITY OR TOWN) Coatsville
(STATE OR COUNTRY) Missouri. /

15. MAIDEN NAME Mary E. Wiegand

16. BIRTHPLACE (CITY OR TOWN) East St. Louis
(STATE OR COUNTRY) Missouri. /

17. INFORMANT John B. Gilbert
(ADDRESS) 7559 Comfort Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery Jan. 28, 1937

19. UNDERTAKER Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave. Maplewood, Mo.

20. FILED Jan 27 1937
J. Credeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1937, to January 25, 1937
I last saw him alive on January 25, 1937 Death is said to have occurred on the date stated above, at 10:05 AM
The principal cause of death and related causes of importance were as follows:
Date of onset

Broncho-pneumonia
107a
(Other contributory causes of importance:
Amylarasis
Azela-mylete Non B
Spurred abscess due to
Neurolytrophosococcus
Name or operation Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 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) R. Mueller, M. D.
(Address) 3720 Washington

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.

