

JAN 10 1938

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

42834

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **St. John's Hospital** Registered No. **11084**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Charles Gilbert**

(a) Residence, No. **425 Oakwood, Webster Groves** St. **NA**
 (Usual place of abode, if no street address, write county or city) (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 **Margaret Gilbert**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30, 1874**

7. AGE YEARS **63** MONTHS **5** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Secy. Scullin**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Steel Co.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Pittsburg, Penna.** (STATE OR COUNTRY) **PA**

13. NAME **John P. Gilbert**
 14. BIRTHPLACE (CITY OR TOWN) **Pennsylvania** (STATE OR COUNTRY) **PA**

15. MAIDEN NAME **Mary A. Lupton**
 16. BIRTHPLACE (CITY OR TOWN) **Pittsburg, Penna.** (STATE OR COUNTRY) **PA**

17. INFORMANT **John Vooches** (ADDRESS) **425 Oakwood Ave., Webster Groves**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Dec. 2** 19**37**

19. FUNERAL DIRECTOR **Robert J. Ambruster** (ADDRESS) **Clayton Road at Concordia Lane**

20. FILED **DEC 2 1937** **J. H. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 1** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **March** 19**37**, to **Dec. 1** 19**37**

I last saw him alive on **Nov 30** 19**37**. Death is said to have occurred on the date stated above, at **5:00A** m.

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

Cerebral embolism Date of onset

Other contributory causes of importance:
Pyelitis acute noncalculous
Septicemia subacute bacterial

Name of operation Date of
 What test confirmed diagnosis? **Autopsy** 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? **yes**
 If so, specify (Signed) **Fred Kramer**, M. D.
 (Address) **Missouri Theater Building.**

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.

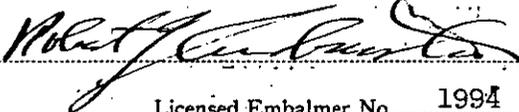
1 X12004

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

977

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward H. Bockhorst
L. E.
No. 2502 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed 
Licensed Embalmer No. 1994

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)