

No. 2  
1-10-39  
17-39  
X21482  
# 154

Registration District No. **791**

Primary Registration District No. **1002**

**4348**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo !  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 min  
(Specify whether  
In this community  
years, months or days)

8. (a) PRINT FULL NAME Frank Gilbert #16

8. (b) If veteran, name war No 8. (c) Social Security No. 194-07-1061

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife SINGLE 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased FEB 13 1885  
(Month) (Day) (Year)

8. AGE: Years about 55 yrs Months 3 Days 0  
If less than one day hr. min.

9. Birthplace MAYNARDSVILLE TENN. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation STREET CAR MOTORMAN 9

11. Industry or business PUBLIC SERVICE Co 9

12. Name UNKNOWN 9

18. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant TILDEN GILBERT

(b) Address MARYSVILLE, TENN.

17. (a) REMOVAL (b) Date thereof 5-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MARYSVILLE, TENN.

18. (a) Signature of funeral director ALBERT H. HOPPE

(b) Address 4700 WASHINGTON BLDG

19. (a) MAY 15 1940 (b) G. F. Budick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST LOUIS 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 720 HAMILTON AV.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1940 hour 6:20 minute none

21. I hereby certify that I attended the deceased from May 13 5:45 PM  
to May 13 6:20 PM, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on May 13, 1940, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Coronary occlusion

Due to MI

Other conditions MI  
(Include pregnancy within 3 months of death)

Major findings: Apparently none  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

28. Signature Michael Sulick (M. D. or other) M.D.  
Address St. Johns Hosp Date signed 5-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. Gilbert

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed *Albert S. Hoff*

Licensed Embalmer No. *2971*

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**