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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7739

FILED MAR 23 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2277

06
17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

Alexian Bros Hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 6814 Virginia Ave. (If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Standley Gilbert

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Letha Gilbert

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar (Month) 7 (Day) 1886 (Year)

8. AGE: Years 59 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Michigan A (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Mo Belt

MOTHER FATHER

12. Name John Gilbert

13. Birthplace Germany (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 Letha Gilbert

(b) Address 6814 Virginia

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/11/45 (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo

18. (a) Signature of funeral director Fendler Und.Co

(b) Address 7420 Michigan Ave.

19. (a) MAR 11 1945 (Date received local registrar) (b) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1945 hour 4 minute 02 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1945, to March 9, 1945 that I last saw him alive on March 9, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular heart disease	2 yrs
Aortic Regurgitation	
Due to Chronic Myocarditis	2 yr.
Hypertension	
Due to Bronchial Pneumonia	4 days
Other conditions (Include pregnancy within 3 months of death) O	
Major findings: Of operations O	
Of autopsy Yes - Hospitals Staff	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (c) Means of injury

23. Signature G. A. O. Sullivan (M. D. or other) MD

Address 421 N. Schermer Date signed 3-10-45

(Licensed Embalmer's Statement on Reverse Side)

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 W E Morris

Licensed Embalmer No. 3360

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, fact should be so stated above.