

100
47
39
908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948
318

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27734
Registrar's No. 7166

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 700 North Union Blvd.,
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME John Gilbert
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unavailable
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased About 1875?

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month August day 13 year 1948 hour 12:30 minute A. M.
21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

8. AGE: Years 73? Months ? Days ? If less than one day hr. min.

Immediate cause of death
Edema of Brain
Generalized Atherosclerosis
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
10. Usual occupation Stagehand

11. Industry or business
12. Name Samuel Gilbert
13. Birthplace Unknown Unknown
14. Maiden name Louisa Moore
15. Birthplace Unknown Unknown

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Mable Burke
(b) Address 2214 Chippewa Street.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 8/17/48
(c) Place: burial or cremation Sunset Burial Park

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

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) AUG 15 1948 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
(c) Means of injury
23. Signature V. O. Taylor
Address 3 Date signed AUG 15 1948

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

MOTHER FATHER

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 *Gustav W. Dutschke*

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo*

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.