

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28214
State File No. 7305
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Pine Lawn	
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 So Kings Highway		e. STREET ADDRESS (If rural, give location) 119 Naylor. 4160	
3. NAME OF DECEASED (Type or Print) Clyde Gilbert		4. DATE OF DEATH (Month) (Day) (Year) 8-24-1950	
5. SEX male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 11-29-1905
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hand letter		9b. KIND OF BUSINESS OR INDUSTRY Shoe factory	9c. AGE (In years last birthday) 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (State or foreign country) Illinois
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James H Gilbert		13b. MOTHER'S MAIDEN NAME Flora H Holsapple	
13c. NAME OF HUSBAND OR WIFE Lucille		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Lucille Gilbert		18. ADDRESS 119 Naylor.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Coronary Occlusion Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H201		
22. I hereby certify that I attended the deceased from 19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 8:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE Patrick B. Taylor (Degree or title) Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 8-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-25-50	24c. NAME OF CEMETERY OR CREMATORY Dodge Grove	24d. LOCATION (City, town, or county) (State) Matton Illinois	
DATE REC'D BY LOCAL REG. AUG 28 1950	REGISTRAR'S SIGNATURE J. B. Parvater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc.		

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

7305

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald O. Yahrke

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis 10 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.