

No. 300
v. 10-48

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42282

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10550

2043
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2269		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3155 1/2 N. 13th ST.		4. STREET ADDRESS (If rural, give location) 29 3155 1/2 N. 13th ST				
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle)		c. (Last) Gilreath		
4. DATE OF DEATH (Month) (Day) (Year) 12/8/50		5. SEX M		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH May-1-1900		9. AGE (In years last birthday) 50		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Gilreath		13b. MOTHER'S MAIDEN NAME Mary McGraw		
14. NAME OF HUSBAND OR WIFE EDNA Gilreath		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1919-1923		16. SOCIAL SECURITY NO. 499-01-9062		
17. INFORMANT'S SIGNATURE OR NAME EDNA Gilreath		ADDRESS 3155 1/2 N. 13th ST				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis				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 9:35 P. m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Edward Perry Cooper		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12/11/50		
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 12/12/50		24c. NAME OF CEMETERY OR CREMATORY Calvary		
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO		DATE REC'D BY LOCAL REG. J. B. Foster		REGISTRAR'S SIGNATURE		
25. FUNERAL DIRECTOR'S SIGNATURE Edward Koch & Son - 3516 N. 14th		ADDRESS				

JAN 19 1951

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 Yankke

Licensed Embalmer No. 3917

P. O. Address _____

Signed.....

Student Embalmer

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.