

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28089

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2349

452
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 1 week		14 OR TOWN 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 6601 Tholozan Ave.	

3. NAME OF DECEASED (Type or Print) Gilbert		a. (First) B.		b. (Middle) Brothers		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 16 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 21, 1896		9. AGE (in years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.		11. BIRTHPLACE (State or foreign country) Clay City, Ind.		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Charles Brothers		13b. MOTHER'S MAIDEN NAME Cora Brown		14. NAME OF HUSBAND OR WIFE Esther Brothers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME Esther Brothers, 6601 Tholozan Ave.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Stroke</u>		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Paralytic ileus</u> 3 days.	
		DUE TO (c) <u>Appendectomy</u>		6 days	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		O. J. Smith, M.D. 9/15/51	

19a. DATE OF OPERATION 8/10/51		19b. MAJOR FINDINGS OF OPERATION Acute appendicitis		20. AUTOPTIC? 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5500	

22. I hereby certify that I attended the deceased from 8/10, 1951, to 9/16, 1951, that I last saw the deceased alive on 8/16, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE HUTTON Laurie Hutton		23b. ADDRESS 3606 Service		23c. DATE SIGNED 8/17/51	
---	--	------------------------------	--	-----------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE Aug. 18, 1951		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Clay City, Ind.	
--	--	----------------------------	--	------------------------------------	--	--	--

DATE REC'D BY LOCAL REG. AUG 17 1951		REGISTRAR'S SIGNATURE J. Earl Smith, D.D., R.P.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary		ADDRESS 6164 Chippewa St., St. Louis, Mo.	
---	--	--	--	--	--	--	--

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

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.....
Student Embalmer

Signed *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.

Step 13 100
1907 & 1915