

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40458

State File No.

FILED DEC 2 1952

318

1003

Registrar's No. 10357

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY DIST. NO. _____		DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>				c. LENGTH OF STAY (In this place) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highland</u>			
				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Gilbert</u>		b. (Middle) <u>W</u>		c. (Last) <u>Loyet</u>	
				4. DATE OF DEATH		Nov 7, 1952	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 20, 1896</u>	
				9. AGE (In years last birthday)		<u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Highland, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Loyet</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Riedlinger</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Loyet</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW 1 345-07-0027</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Loyet</u> ADDRESS <u>Highland, Illinois</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>The does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hodgkin's Disease</u>						5 mo	
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>						2 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral artery disease</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>4200</u>			
22. I hereby certify that I attended the deceased from <u>August 10, 52</u> , to <u>Nov.</u> , 1952, that I last saw the deceased alive on <u>7 Nov.</u> , 1952, and that death occurred at <u>7:50 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Berry</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3720 Washington Ave</u>		23c. DATE SIGNED <u>8 Nov. 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland City</u>		24d. LOCATION (City, town, or county) (State) <u>Highland, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>NOV 10 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

can sign all

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed **NO EMBALM**

Licensed Embalmer No. _____

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.

-52

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 40.454

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 10357

On this _____ day of _____, 195____, before me appears _____

for Gilbert W Royet, who, upon _____ oath, states that the original record of birth
died 11-7-, 1952, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 3 should read Gilbert W. Royet

Instead of _____

Item No. 13^a should read Royet

Instead of _____

Item No. 14 should read Royet

Instead of _____

Item No. 17 should read Royet

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Dean F. Hopper, Jr. Dus

4700 Washington Relationship.

Present Address.

Subscribed and sworn to before me this 26 day of March, 1953

My Commission expires 3-4-57 Clara C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

40458

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