

STANDARD CERTIFICATE OF DEATH

43438

State File No. ....

FILED JAN 10 1953

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11649

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

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 Huntleigh Village 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 28 Huntleigh Woods	

3. NAME OF DECEASED (Type or Print)	a. (First) AUGUST	b. (Middle) Emmauel	c. (Last) GILSTER	4. DATE OF DEATH (Month) (Day) (Year)	12	16	1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/4/1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 10	IF UNDER 12 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Done President	10b. KIND OF BUSINESS OR INDUSTRY General Gro. Co.	11. BIRTHPLACE (State or foreign country) Chester Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis H. Gilster	13b. MOTHER'S MAIDEN NAME Caroline Begeman	14. NAME OF HUSBAND OR WIFE Inez G. Gnaegy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-16-1832	17. INFORMANT'S SIGNATURE OR NAME Mrs. August Gilster	ADDRESS 28 Huntleigh Woods
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEPATIC FAILURE & COMA		INTERVAL BETWEEN ONSET AND DEATH 3 WKS.  4-6 mo's.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ADENOCARCINOMA OF THE BILE DUCTS		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 155X
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22. I hereby certify that I attended the deceased from July 31, 1952, to 12/16/52, 1952, that I last saw the deceased alive on 12/16/52, 1952, and that death occurred at 7:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Robert E. Koch, M.D.	23b. ADDRESS 35 N. Central Ave	23c. DATE SIGNED 12/17/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/19/52	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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DATE REC'D BY LOCAL REG. DEC 18 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary	ADDRESS 6633 Clayton Road
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1953

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.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Ernest W. Spiller*

Licensed Embalmer No. *11080*

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.