.300
.48

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

FILED JAN 6 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42083

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11069

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSPITAL #1.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3518 N.11th

26 22 10

**3. NAME OF DECEASED** (Type or Print)
a. (First): ENOCH
b. (Middle): Daniel
c. (Last): GILBERT

**4. DATE OF DEATH** (Month) (Day) (Year): DECEMBER 17, 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Unknown
**8. DATE OF BIRTH**: July 6 1895
**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Tinner Hogan Sheet
**10b. KIND OF BUSINESS OR INDUSTRY**: Metal
**11. BIRTHPLACE** (City and State or Foreign Country): Ill
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: George F Gilbert
**13b. MOTHER'S MAIDEN NAME**: Julia St.John
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Maggie Green
**ADDRESS**: 1717 So.12th

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ~~Congestive heart failure~~ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart Disease ~~Arteriosclerotic heart disease~~

DUE TO (c)

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**: 420.0
**20. AUTOPSY?** YES ☒ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12- 12, 1955, *to* 12- 17, 1955, *that I last saw the deceased alive on* 12- 17, 1955, *and that death occurred at* 5:30A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): William N. Blalock, M.D.
**23b. ADDRESS**: 1515 LAFAYETTE AVE.
**23c. DATE SIGNED**: 12-17-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec 19 55
**24c. NAME OF CEMETERY OR CREMATORY**: St Matthew
**24d. LOCATION** (City, town, or county) (State): St.Louis Mo

DATE REC'D BY LOCAL REG. DEC 19 1955
REGISTRAR'S SIGNATURE: Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: E.J.Schnur
**ADDRESS**: 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas R. Fenwick

Licensed Embalmer No. 378

P. O. Address 3125 L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.