

FILED APR 26 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14694**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **3669**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3669	
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): OR TOWN St. Louis, Missouri.		c. LENGTH OF STAY (In this place) 5 mos.		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bernard Nursing Home.				e. STREET ADDRESS (If rural, give location) #4 No. Kingshighway Blv'd.,			
3. NAME OF DECEASED (Type or Print)		a. (First) HELEN		b. (Middle) GILBERT		c. (Last) LODGE.	
4. DATE OF DEATH		(Month) April		(Day) 11		(Year) 1956.	
5. SEX Female		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Nov 6, 1874.	
9. AGE (In years last birthday) 81.		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home.			10b. KIND OF BUSINESS OR INDUSTRY Housewife.			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME William James Gilbert.			13b. MOTHER'S MAIDEN NAME Ada Clement.			14. NAME OF HUSBAND OR WIFE Henry French Lodge.	
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. none.		17. INFORMANT'S SIGNATURE OR NAME Landon C. Lodge, #10 Berkshire,			
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) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mos ANTECEDENT CAUSES DUE TO (b) Essential hypertension 10 years 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				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Feb , 19 44 , to Apr 11 , 19 56 that I last saw the deceased alive on Apr 10 , 19 56 , and that death occurred at 5:55 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Barrett I. Tansig				23b. ADDRESS 4500 Olive St.		23c. DATE SIGNED Apr. 12 56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/11/56.		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,	
DATE REC'D BY LOCAL REG. APR 12 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons, #7233 Delmar Blv'd.,			

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *400*.....

P. O. Address *St. Louis,*.....

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.