

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011660
STATE FILE NUMBER

FILED MAR 31 1958

318

1003

3422

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTE D.O.A. Alexian Bros. Hosp.			d. STREET (If outside, give location) Reside on Farm ADDRESS Alverne Hotel, 1014 Locust		
3. NAME OF DECEASED (Type or print) First Middle Last Stephen Henry Gilmore			4. DATE OF DEATH Month Day Year March 22, 1958		
5. SEX M. <input checked="" type="checkbox"/> W. <input type="checkbox"/>	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1876	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 81 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Dist. Mgr. Kohler Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.			13. FATHER'S NAME Thomas Gilmore		
14. MOTHER'S MAIDEN NAME Elizabeth Kirk			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.			17. INFORMANT Address Mrs. Frederick A. Freiberg, 7053 Forsyth		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 hours several yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.0					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION St. Louis, Mo			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. COUNTY STATE			
21. I attended the deceased from Sept 1957 to 3/22/58 and last saw him alive on 3/1/58 Death occurred at 7 am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Knezevic M.D.			22b. ADDRESS 8059 Watson Rd		22c. DATE SIGNED 3/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 25, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly 3840 Lindell Blvd.			25. DATE RECD. BY LOCAL REG. MAR 24 '58	25. REGISTRAR'S SIGNATURE J. Cash Smith Mo m&b.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Francis William

Licensed Embalmer No. 356

P. O. Address 3840

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.