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FILED OCT 3 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034250

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9251

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI — Inside Limits Yes [X] No [ ]

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 35 VAH, 915 N. GRAND — Length of stay in 1b 22 HRS. 45 MIN.

d. STREET ADDRESS (If outside, give location) 1619A SO. BROADWAY — Reside on Farm Yes [ ] No [X]

2239

3. NAME OF DECEASED (Type or print) First ROBERT Middle D. Last GILLENBERG

4. DATE OF DEATH Month 9/25/58 Day Year

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]

8. DATE OF BIRTH 4/5/96

9. AGE (In years last birthday) 62 — 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) RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE SINGLED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I

16. SOCIAL SECURITY NO. 492-20-9098

17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ASPIRATION OF FOOD — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARCINOMA OF ESOPHAGUS WITH OBSTRUCTION AND METASTASES — UNKNOWN

DUE TO (c) PULMONARY TUBERCULOSIS — UNKNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 150 x A

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 9/24/58 10:50AM 9/25/58 and last saw ~~her~~ him alive on 9/25/58
Death occurred at 9:35 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) VINCENT A. CODIGA M.D. 0 — V.A. Codiga M.D.

22b. ADDRESS VAH ST. LOUIS, MISSOURI

22c. DATE SIGNED 9/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 9/26/58

23c. NAME OF CEMETERY OR CREMATORY National Cem.

23d. LOCATION (City, town, or county) (State) Jeff. Bks. Mo

24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.

25. DATE RECD. BY LOCAL REG. SEP 26 '58

26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

CLEARED WITH THE CORONERS OFFICE BY DR. CODIGA.
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 Hadley F. Kreller Jr.

Licensed Embalmer No. 4950

P. O. Address St. Louis

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

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