THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003799
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 317 Primary Registration District No. 0544 Registrar's No. 309

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Homewood Drive — Length of stay in 1b Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 4693 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4 Homewood Drive — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First KENNETH Middle G Last GILBERT
4. DATE OF DEATH Month January Day 31st Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 28, 1910
9. AGE (In years last birthday) 49 — 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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY General Tire Co.
11. BIRTHPLACE (City and state or country) St. Louis Missouri.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George K. Gilbert
14. MOTHER'S MAIDEN NAME Lela Hofkamp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.2
16. SOCIAL SECURITY NO. 497-09-9870
17. INFORMANT Margaret P. Gilbert — Address 4 Homewood Dr. Kirkwood Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hypertensive Cardiovasc. Disease 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
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. I attended the deceased from February 1958, to January 31, 1959 and last saw her alive on Jan. 30-59
Death occurred at 6:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John N. Beckmann M.D. (Degree or title)
22b. ADDRESS 327 Baker
22c. DATE SIGNED 1/31/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2/2/59,
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis County (State) Missouri
24. FUNERAL DIRECTOR C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. 2-2-59
26. REGISTRAR'S SIGNATURE John P. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Mur

Licensed Embalmer No. 40

P. O. Address St. Lou

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.