

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007893  
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 562

300  
-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kirkwood</b> <b>4703</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>421 Alice Ave.</b>	Length of stay in lb <b>5yrs</b>	d. STREET ADDRESS (If outside, give location) <b>421 Alice</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>BRUCE</b> Last <b>GILBERT</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>27</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 26, 1902</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Remington Rand</b>	11. BIRTHPLACE (City and state or country) <b>York, Nebr.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Gilbert</b>	13b. MOTHER'S MAIDEN NAME <b>Antionette Conner</b>	14. NAME OF HUSBAND OR WIFE <b>Marjorie B. Gilbert</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>468-05-7252</b>	17. INFORMANT <b>H. Bruce Gilbert, Jr.</b>	Address <b>Denver 22 Colo. 3260 S. Ash</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertensive Card</b>	<b>5yrs.</b>
	DUE TO (c) <b>vascular disease</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>_____</b>
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20c. TIME OF INJURY Hour <b>_____</b> Month, Day, Year <b>_____</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., interior about home, farm, factory, street, office bldg., etc.) <b>_____</b>	20f. CITY, TOWN, OR LOCATION <b>_____</b>	COUNTY <b>_____</b>	STATE <b>_____</b>
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21. I attended the deceased from <b>1954</b> to <b>Feb 29 1959</b> or last saw him on <b>2/27/59</b> . Death occurred at <b>About 10:00 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>_____</b>	22b. ADDRESS <b>4161 Lunderel Blvd</b>	22c. DATE SIGNED <b>2/28/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 1, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>	23d. LOCATION (City, town, or county) <b>Kirkwood 22, Mo.</b>
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24. FUNERAL DIRECTOR <b>Pfitzinger</b>	ADDRESS <b>Port. Kirkwood 22, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-28-59</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Ben E. Hoffman* .....

Licensed Embalmer No. *114360* .....

P. O. Address: *Honolulu* .....

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.