RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-030127

FILED VS SEP 15 [illegible]

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 213

DED

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Length of stay in 1b D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN St. Ann's — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3682 Dixie Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Edgar Middle William Last Gilbert

4. DATE OF DEATH Month Sept. Day 11, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Feb.17,1893

9. AGE (last birthday) 66 — IF UNDER 1 YEAR Months 6 Days 24 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator

10b. KIND OF BUSINESS OR INDUSTRY Union Electric

11. BIRTHPLACE (City and state or country) Louisiana, Mo.

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

13a. FATHER'S NAME Robert Gilbert

13b. MOTHER'S MAIDEN NAME Amelia Drake

14. NAME OF HUSBAND OR WIFE Mable Smashey

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

16. SOCIAL SECURITY NO. 493-05-1636

17. INFORMANT Address Mrs. Edgar Gilbert, St.Ann's, 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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis
DUE TO (c) Arteriosclerosis

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 Sept 1, 1959, to Sept 11, 1959 and last saw her/him alive on Sept 11-1959
Death occurred at 2:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J M Jenkins MD

22b. ADDRESS St. Charles Mo

22c. DATE SIGNED Sept. 11, 1959

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

23b. DATE Sept. 14, 1959

23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS H.C.Dallmeyer & Sons, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG. Sept. 11-59

26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 1 8 1958

SEP 1 1 1958

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 483

P. O. Address_____

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