

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6642

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3796 N. Market St.) St. _____ Ward _____

2. FULL NAME

Coal Gilbreath
(a) Residence, No. 3796 N. Market St. 10 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Gilbreath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9 - 1889

7. AGE YEARS 42 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 335

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Frank Lukefahr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Annie in Unverserth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Arthur Gilbreath
3796 N. Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb - 23 1932

19. UNDERTAKER (ADDRESS) Chellman Bros
1700 N. Grand Ave

20. FILED FEF 22 1932 Max C. Stanley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931 to Feb 21 1932
I first saw her alive on Feb 20 1932. Death is said to have occurred on the date stated above, at 12:05 a. m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Chronic Nephritis
subsequently
Date of onset April 1931

Other contributory causes of importance:
Pregnancy
Cholera
5/19/31

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____ (1)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. D. Guley M. D.
(Address) 2505 No 13th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Peeler

2505 N. 15th St.