

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

FEB 8 1937

Registration District No. 791
Primary Registration District No. 1003
CITY HOSPITAL No. 2 /

File No. 3231
Registered No. 257
St. Ward)

2. FULL NAME

HOWARD GILBERT

(a) Residence, No. 2110 1/2 Biddle St., 2 / Ward. /
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gussie Gilbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-1887

7. AGE YEARS 49 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Laborer 53
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Scullin Steel Co
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) Ga. 2

13. NAME Jesse Gilbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga. 2

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga. 2

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 1/7/37

19. UNDERTAKER Dement & Son (ADDRESS) 2631 Wash St.

20. FILED 7 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2- 19 37

22. I HEREBY CERTIFY, That I attended deceased from 12-12- 19 36 to 1-2- 19 37

I last saw h. im alive on 1-2- 1937. Death is said to have occurred on the date stated above, at 9:20 a. m. ll.
The principal cause of death and related causes of importance were as follows:

CARCINOMA OF CECUM 12-12- Date of onset 1936

Other contributory causes of importance: CHRONIC PNEUMONITIS

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. M. Walker M. D.
(Address) 2945 Lawton Avenue

