

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9270

1. PLACE OF DEATH: 1003 **NOV 13 1939**  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 days  
(Specify whether)  
 In this community Unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 21  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2131 Chestnut  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Gilbert 416  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 day 25  
 year 1939 hour 11:00 minute A. M.

4. Sex male 5. Color or race negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased Mar 13 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-17, 1939, to 10-25, 1939;  
 that I last saw him alive on 10-25, 1939  
 and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Lobar Pneumonia About 3 wks.  
 Duration

9. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 108  
(Include pregnancy within 3 months of death)

10. Usual occupation Paper Hanger

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Sam Gilbert  
 18. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
 14. Maiden name Cassie Martin  
 15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

Of autopsy As above

16. (a) Informant's own signature Chas Gilbert  
 (b) Address 4145 Finney Ave

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof 10. 31. 39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park

While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)  
 23. Signature Earl Smart (M. D. or other) \_\_\_\_\_  
 Address 2601 N. Whittier St. Date signed 10-27-1939

18. (a) Signature of funeral director Attling Bros  
 (b) Address 3644 Finney Ave  
 19. (a) OCT 30 1939 (Date received local registrar) J. F. Bredek (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fair

**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 this body is not embalmed, above space should be left blank.**