

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8783
Registrar's No. 2266

Registration District No. 791

Primary Registration District No. 1003

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.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 3426 Clark
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 yrs. years, months or days

3. (a) PRINT FULL NAME Jennie Gilbert
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 29 1889
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Domestic

11. Industry or business None

MOTHER FATHER { 12. Name James Thompson
13. Birthplace St. Matthew S. Carolina (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Ellen Jamerson
15. Birthplace St. Matthew S. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Water Allen
(b) Address 3426 Clark Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 3-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) MAR 7 1940 (Date received local registrar) (b) _____ (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3426 Clark Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2 year 1940 hour _____ minute 15A M.
21. I hereby certify that I attended the deceased from Feb 6, 1940, to March 2, 1940, that I last saw her alive on Feb 27 - 40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Stricture Rectum Duration 300
Due to Tuberculosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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? _____

(Specify type of place) _____
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature Vincent J. Mueller (M. D. or other) _____
Address 2335 Franklin Date signed 3-7-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by L. Boyle,
Registered Apprentice No. Murphy,
working under my personal supervision.

Signed

L. Boyle
Licensed Embalmer No. 2940

P. O. Address St. Louis MO

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.