

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution:  
CHRISTIAN HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days) /

3. (a) PRINT FULL NAME EMMA H. GILBERT-

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANK GILBERT- 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased NOVEMBER 30, 1875  
 (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace PHILADELPHIA PA.-  
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME-

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ENOS HATTON

13. Birthplace PA.-  
 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace PA.-  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Gilbert-

(b) Address 6424 HOBART-

17. (a) BURIAL (b) Date thereof JAN 2-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES CEMETERY

18. (a) Signature of funeral director Shygar Funeral Home

(b) Address 1167 HAMILTON-AVE.-

19. (a) DEC 31 1940 (b) J. J. Buddeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
 (c) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL") N.R.  
 (d) Street No. 6424 HOBART AVE  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 31, 1940  
 year 7 hour 20 minute P. M.

21. I hereby certify that I attended the deceased from Oct. -  
 \_\_\_\_\_, 1940, to Dec 31, 1940;  
 that I last saw her alive on Dec. 30, 1940, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 day

Due to Hypertension yrs. 4

Due to \_\_\_\_\_

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John L. Lee (M. D. or other) MD  
 Address 1492 Hodieman Date signed 1-1-41

WHILE FEARFULLY USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 xesi1

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.

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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..... *Ray W Wilkinson*.....

Licensed Embalmer No..... *3575*.....

P. O. Address.....

**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.**