S. No. 2
M—5-42
5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11395

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 571

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Ferdinand Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baron Ave. Baden Station /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County St. Louis
(c) City or town St. Ferdinand Township
(If outside city or town limits, write "RURAL")
(d) Street No. Baron Ave. Baden Station
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Sylvia Gilbert

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas. Gilbert
6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased August (Month) 7, (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
31	7	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Christian Hoffman
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) O

MOTHER
14. Maiden name Anna Wolf
15. Birthplace Freeburg (City, town, or county) Illinois (State or foreign country) /

16. (a) Informant Chas. Gilbert
(b) Address Baron Ave. Baden Station

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) MAR 11 1943 (Date received local registrar) (b) E. J. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 30 1942 to March 8 1943 that I last saw her alive on March 8 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	1 yr.
Due to not known	
Due to	
Other conditions Mitral regurgitation (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(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? (e) Means of injury

23. Signature Dr. H. J. Miller (M. D. or other)
Address 8410 N. Broadway Date signed 3/9/43 St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr Miller
8/10 St. Barclay

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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, fact should be so stated above.