S. No. 2
OM—2-43
v 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19605

FILED JUL 13 1943

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6113

1. PLACE OF DEATH:

(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: Barnes O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo (Specify whether
In this community 2 mo years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1011 N. 7th (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME GILBERT, HENRY ALBERT

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

4. Sex Mal.
5. Color or race Col
6. (a) Single, widowed, married, divorced Sing
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 13 1943 (Month) (Day) (Year)

8. AGE: Years none | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation none
11. Industry or business no

FATHER
12. Name Robert Gilbert
13. Birthplace Unk. (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Mary Coleman
15. Birthplace Louisville (City, town, or county) Miss. (State or foreign country)

16. (a) Informant George Coleman
(b) Address 1011 N. 7th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director C. J. Nash
(b) Address 3847 Page
19. (a) JUL 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~5~~ 7 day 3 year 43 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from 5-3, 1943 to 7-3, 1943 that I last saw him alive on 7-3-, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, of Lungs	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Tuberculosis

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? (e) Means of injury

23. Signature H. Barnett O (M. D. or other)
Address Public M.D. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 3847 Page, Registered Apprentice No. working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.