S. No. 2
M—5-42
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I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4119

State File No.

Registration District No. 305 Primary Registration District No. 4452 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town St. Charles.
(If outside city or town limits, write "RURAL")
(d) Street No. Washington 1634
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Catherine Elizabeth Gilbert
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leroy Gilbert
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb (Month) 9 (Day) 1918 (Year)

8. AGE: Years	Months	Days	If less than one day
25	11	—	hr. min.

9. Birthplace Troy (City, town, or county) Mo. (State or foreign country)
10. Usual occupation House Work
11. Industry or business ~~Henry Shelton~~
FATHER
12. Name Henry Shelton
13. Birthplace Lewis Mills (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Clara Hall
15. Birthplace Wellsville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Clara Shelton
(b) Address Troy, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 12 (Day) 44 (Year)
(c) Place: burial or cremation Troy, Mo.
18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville, Mo.
19. (a) 1-11-44 (Date received local registrar) Gertrude S. Forestell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year 1944 hour 1:20 minute A. M.
21. I hereby certify that I attended the deceased from Coroner's Inq. 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death shock due to Hemorrhage of chest due to crushed chest.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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) accident 093
(b) Date of occurrence Jan. 9, 1944.
(c) Where did injury occur? Hway 61. St. Chas. Co (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? No (e) Means of injury Auto overturned
23. Signature A. P. Erich Schulz, M.D. (M.D. or other)
Address St. Charles, Mo. Date signed 1/9/44
Coroner

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed T. E. Petman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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, fact should be so stated above.