

FILED JUN 3 1944
Registration District No. 3194

Primary Registration District No. 6076

Registrar's No. 1200

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

1. PLACE OF DEATH:
(a) County St. Louis,
(b) City or town Sherman,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Paul Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) 20 years

3. (a) PRINT FULL NAME Eva 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 Edward E. Gilbert,
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased May, 5, 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 22
If less than one day hr. min.

9. Birthplace Pike County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business Own home,

12. Name Henry H. Epperson,

13. Birthplace Unknown, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown, Mo.
(City, town, or county) (State or foreign country)

15. Birthplace Edw. C. Gilbert, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. C. Gilbert
(b) Address Sherman, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof May, 30, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation St. E. Cem. Manchester, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Mo.

19. (a) MAY 31 1944
(Date received local registrar) (b) E. D. Mc Suran, Mo.
(Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27,
year 1944 hour 9 minute 43 A.M.

21. I hereby certify that I attended the deceased from 2-12, 1944 to 5-27, 1944
that I last saw him alive on 5-26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arteriosclerotic hyperextension
Duration 7 da

Due to _____
Other conditions Arthritis
(Include pregnancy within 3 months of death) Duration 6 yrs.

Major findings: Of operations none. 1310
Of autopsy none.
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 _____

Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Eureka, Mo. Date signed 5-29-44

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.....
Geo. Schradler

Licensed Embalmer No.....
3066

P. O. Address.....
Ballwin, 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.