

Registration District No. _____

Primary Registration District No. _____

FILED MAR 18 1946 318

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis

(c) City or town Saint Louis, Mo. Street No. 3462a Tennessee Ave.
(If outside city or town limits, write "RURAL")
Memorial (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No?)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY GILB

3. (b) If veteran, name war *****

3. (c) Social Security No. 487-26-0027

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Augusta Gilb

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 14 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 28
If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Clerk (City of Saint Louis)

11. Industry or business _____

MOTHER FATHER { 12. Name John Gilb.

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

14. Maiden name Unknown

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

16. (a) Informant John Bill

(b) Address 811 Neosgo Street.

17. (a) Burial (b) Date thereof March 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Regenhein Bros.

(b) Address 6409 Gravois Ave.

19. (a) MAR 1 1946 (b) G. J. Budzek
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1946 hour 10:20 minute A M.

21. I hereby certify that I attended the deceased from 12/19/45
_____, 19____, to 3/1/46, 19____;
that I last saw him alive on 3/1/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Larynx

Due to _____

Due to _____

Other conditions H
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy same

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 R. B. Schlemmer, Jr. Date signed 3/1/46
1515 Lafayette

Address _____

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.....

Homer W. Fritz

Licensed Embalmer No.....

3882

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, fact should be so stated above.