S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15105

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1168

1. PLACE OF DEATH:

(a) County: ~~City~~ St. Louis, Mo.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY INFIRMARY 30

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Yrs. 8 Mo. ? (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis, (If outside city or town limits, write "RURAL") 1317

(d) Street No.: 5800 Arsenal St., (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: MARTHA GILBERT

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: FEMALE 2

5. Color or race: COL.

6. (a) Single, widowed, married, divorced: WIDOW 2

6. (b) Name of husband or wife:

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

7. Birth date of deceased: NOVEMBER (Month) ? (Day) 1879 (Year)

8. AGE: Years 67 | Months 5 | Days ? | If less than one day hr. min.

9. Birthplace: Alabama (City, town, or county) (State or foreign country) 1

10. Usual occupation: Nil

11. Industry or business:

MOTHER FATHER

12. Name: Unknown 9

13. Birthplace: Unknown (City, town, or county) (State or foreign country) 1

14. Maiden name: Mendy McLean 4

15. Birthplace: Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant: City Infirmary Records.

(b) Address: 5800 Arsenal St.,

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof: 4-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington

18. (a) Signature of funeral director: W. Rickter

(b) Address: 3500 Rutger St.

19. (a) MAY 2 (Date received by registrar) (b) J. F. Brobeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1947 hour 12:45 minute Noon M.

21. I hereby certify that I attended the deceased from July 2, 1945, 19 45 to April 1, 1947, 19; that I last saw her alive on April 1, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary - Edema — Duration: 5 days

Due to: Chronic Myocardial failure — 1945 plus

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):

(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: 0

23. Signature: Salwin Romain Bowdich (M. D. ~~or coroner~~)

Address: Sanitarium Date signed 4/1

(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.....

Licensed Embalmer No.....

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.