. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43730

FILED DEC 22 1947

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2553

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town ~~St. Louis~~ University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6261 Clemens Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis 96
(c) City or town ~~St. Louis~~ University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. ~~[illegible]~~ 6261 Clemens Ave. 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) D
If yes, name country .....

3. (a) PRINT FULL NAME PERCY L. GILBERT
3. (b) If veteran, name war None
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret C.
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Oct. (Month) 30 (Day) 1879 (Year)

8. AGE: Years 68 Months 1 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Aurora (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Accountant
11. Industry or business Wabash RR
FATHER
12. Name James Gilbert
13. Birthplace ..... (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Cora Gray
15. Birthplace Aurora (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Margaret C. Gilbert
(b) Address 6261 Clemens Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) DEC 10 1947 (Date received local registrar) Cecil A. Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1947 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from Aug 10 1942 to Dec 9 1947
that I last saw him alive on Oct. 21 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Heart Disease	5 yrs.
Due to 940	
Due to	
Other conditions: Rheumatoid Arthritis (Include pregnancy within 3 months of death)	Many years

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 Louis J. Arthur (M. D. or other) M.D.
Address 3720 Washington, St. Louis Date signed 12-10-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Washington

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.