No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36707

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8937

1. PLACE OF DEATH:

(a) County

(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: 3518 Hartford St., /
(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 Missouri (b) County

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

(d) Street 3518 Hartford Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles A. Gilman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Celestine Gilman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 1, 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Ottawa Lake, Michigan / (City, town, or county) (State or foreign country)

10. Usual occupation Insurance Salesman (Retired)

11. Industry or business

MOTHER FATHER

12. Name Jerome B. Gilman

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

14. Maiden name Huldah Doty

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

16. (a) Informant Charles A. Gilman Jr

(b) Address 3518 Hartford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) NOV 12 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th year 1941 hour 9 minute 55 a.m.

21. I hereby certify that I attended the deceased from November 8 1941 to Nov. 10 1941 that I last saw him alive on Nov. 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic Myocarditis ?

Due to Usual

Due to

Other conditions
(Include pregnancy within 3 months of death)
Bronchial Asthma

Major findings:
Of operations None

Of autopsy None

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 Leon C. Hale (M.D. or other)

Address 1504 So. Grand Blvd. Date signed 11/11/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hale Gr. 2828
1500 S. Grand
10-10 30 Mo. Bar. Hospital

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.