No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26043

FILED JUL 24 1943

Registration District No. 1948

Primary Registration District No. 6076

Registrar's No. 1647

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. July 15, 1943. (Specify whether In this community since 7/15/43. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City (If outside city or town limits, write "RURAL")

(d) Street No. 419 Adams Street. (If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME John Gilbert

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 499-03-7893

4. Sex male

5. Color or race Negro

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

6. (b) Name of ~~husband or~~ wife Johnnie

6. (c) Age of ~~husband or~~ wife if alive 41 years

7. Birth date of deceased July (Month) 9, (Day) 1897 (Year)

8. AGE: Years 46 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. Schilling

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/18/43 (Month) (Day) (Year)

(c) Place: burial or cremation Athens, Alabama

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) JUL 19 1943 (Date received local registrar) (b) E. D. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th, year 1943 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from July 15, 1943, to July 17, 1943, that I last saw him alive on July 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION, ACUTE. Duration Abt. 1½ Hr.

DUE TO 94a

Due to Disease of the aorta, cause unknown, with aortitis, chronic. Unknown

Due to -

Other conditions Coronary arteriosclerotic heart disease with myocardial damage. Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy Autopsy not granted.

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) no

(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 L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 7/17/43

707

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1949

AUG 11 194

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. 2971

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.