

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1324

FILED MAR 14 1947
Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 508

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3112 WACKLAND RD
(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)

3. (a) PRINT FULL NAME EMMA GILBERT
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife AUG GILBERT
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 13 1865
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>80</u> | <u>5</u> | <u>22</u> | hr. _____ min. _____ |

9. Birthplace _____
(City, town, or county) (State or foreign country) ILLS. I

10. Usual occupation Nite

11. Industry or business _____

MOTHER FATHER
12. Name LOUIS DARMSTAEDTER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name BARBARA LIPPERT
(City, town, or county) (State or foreign country)
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luella M. Daniel

(b) Address 3112 Wackland Rd - St. L. 6 - 14

17. (a) BURIAL (b) Date thereof 3-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PK

18. (a) Signature of funeral director Lewia J. Bopp, Inc

(b) Address Kirkwood

19. (a) 3-8-47 (b) Luella M. Daniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. L 96
(c) City or town OVERLAND 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3112 WACKLAND RD 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year 1947 hour 9:30 PM minute _____ M.
21. I hereby certify that I attended the deceased from July
1946 to March 1947
that I last saw her alive on March 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary occlusion
Due to arteriosclerosis
Due to 94a
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

1 week

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(s) Means of injury _____

23. Signature B. A. Shick (M. D. or other) M.D.
Address University City, Mo. Date signed 3/6/47

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

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 *Peter B. Dubouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights*

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.