No. 2
-1/47
-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. 6396

FILED FEB 20 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1053

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town Beecher City 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.R. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence C Gilby
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Cleo
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) 4 (Day) 1886 (Year)

8. AGE: Years 61 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Renfrew (City, town, or county) Pa (State or foreign country)
10. Usual occupation Engineer
11. Industry or business Oil
FATHER
12. Name John Charles Gilby
13. Birthplace (City, town, or county) Pa (State or foreign country)
MOTHER
14. Maiden name Catherine Ruperr
15. Birthplace (City, town, or county) Pa (State or foreign country)
16. (a) Informant Cleo Gilby
(b) Address Beecher City Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Beecher City Ill
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave
19. (a) FEB 2 - 1948 (Date received local registrar) (b) J. T. Bledsoe (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 30 year 1948 hour 2 minute 30 a.m.
21. I hereby certify that I attended the deceased from Jan 3 1948 to 1-29 1948 that I last saw h alive on 1-29 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Parkinsonism	
Due to: Terminal Edema of lungs	
Due to:	
Other conditions (include pregnancy within 3 months of death): 8 yr	
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
23. Signature (M. D. or other)
Address 4952 Maryland, Ave Date signed 1-30-48

Jefferson City Printing Co.

(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 Ronald O. Yohnke

Licensed Embalmer No. 3917

P. O. Address St L

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.

No. 2B
M—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March
Registrar's No. 1053

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence C. Gelbe
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Marr
6. (b) Name of husband or wife Cleo
6. (c) Age of husband or wife if alive
7. Birth date of deceased Mar 4 1888 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

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

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature) MAR 2 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 3 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

1948
S-6396

1169-28