

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1954

State File No. **17148**
Registrar's No. **4197**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Christopher	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptist Hospital		e. STREET ADDRESS (If rural, city location) 506 E Washington St	
3. NAME OF DECEASED (Type or Print) a. (First) Mildred b. (Middle) A c. (Last) Gilbert		4. DATE OF DEATH (Month) (Day) (Year) 5 - 4 - 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 16 1901
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		9b. KIND OF BUSINESS OR INDUSTRY At Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Oakland City Ind		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE S. B. Gilbert		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Joe Gilbert - Christopher	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease with auro. fibrillation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4013	
22. I hereby certify that I attended the deceased from April 30 1954 , to May 4, 1954 , that I last saw the deceased alive on May 3, 1954 , and that death occurred at 4 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Horner		23b. ADDRESS Mo. 114 N. Taylor St. Home 8 Mo	
23c. DATE SIGNED 5-4-54		23d. LOCATION (City, town, or county) (State) Ill	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-4-1954	
24c. NAME OF CEMETERY OR CREMATORY Haven Hill Cem		24d. LOCATION (City, town, or county) (State) Olney Ill	
DATE REC'D BY LOCAL REG. MAY 10 1954		REGISTRAR'S SIGNATURE Carl Smith	
FUNERAL DIRECTOR'S SIGNATURE Robert Turner		ADDRESS Home Christopher Illinois	

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 43

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.