

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38295

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1002**

Registered No. **10958**

City **St. Louis** (No. **Buckingham Hotel Annex** St. Ward)

2. FULL NAME

Louise Gibson Conn.

(a) Residence. No. **Buckingham Hotel Annex** St. Ward **12**
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Luther H. Conn.		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 - 1852		
7. AGE YEARS 75	MONTHS 6	DAYS 19
If LESS than 1 day, ____ hrs. or ____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work At Home (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.		
10. NAME OF FATHER Charles Gibson		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER Virginia Gamble		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.		
14. INFORMANT Mrs Frank V. Hammer (Address) 7 Hortense Place		

15. FILED **-7 1927** **Martha Starkeoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 5 1927**

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at **5:30 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suffocation by Smoke Caught in Business Hotel Building

CONTRIBUTORY (SECONDARY) **Criminal Carelessness**
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) **H. P. Hoover**, M. D.
(Address) **1117 Coors**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine** DATE OF BURIAL **Dec 7 1927**

20. UNDERTAKER **Wagoner** ADDRESS **3621 Olive**

WRITE FULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

