

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

Do not use this space.

7214

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Mo. Dept. San)

Registration District No. 791
Primary Registration District No. 1308

File No.
Registered No. 2193
St. Ward)

2. FULL NAME

(a) Residence. No. Alton 2els St. 12 Ward. Alton 2els
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Almae Gibbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-27-1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 7 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroader
(b) General nature of industry, business, or establishment in which employed (or employer) Engineer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Elijah Gibbs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Jane Warrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Almae Gibbs
(Address) Alton 2els

15. FILED 3 28 1928 Max Lotharoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-28-1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1928 to Feb 28, 1928 that I last saw him alive on Feb 27, 1928, and that death occurred, on the date stated above, at 12:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholelithiasis
1770 9/13
(980) (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Myocarditis Following
Cholecystectomy (duration) 1 yrs. 0 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED Alton, Ill
IF NOT AT PLACE OF DEATH?

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 27-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operative
(Signed) H. J. Talbot M. D.
Feb 28, 1928 (Address) 1419 So 7th St. St. Louis

*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 Alton 2els DATE OF BURIAL March 19 28

20. UNDERTAKER John A. Hoehn ADDRESS Alton 2els

WRITE PLAINLY, 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.

