

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

Do not use this space.

20747
5541

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No.)

File No. **20747**

Registered No. **5541**

St. Ward

2. FULL NAME *Salina Gilmore Gibson*

(a) Residence. No. **614 N. Leonard St.** Ward. **21**

Length of residence in city or town where death occurred **33** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow 1877**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 9 (1877)**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **53 3 23**

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Laundress** (b) General nature of industry, business, or establishment in which employed (or employer) **Mrs. Goldberg** (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Wickburg, Mo.**

10. NAME OF FATHER **Josh Gilmore**

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

12. MAIDEN NAME OF MOTHER **Salina Robinson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Wickburg, Mo.**

14. INFORMANT (Address) **Chas. Bennett, 1111 N. Dearborn St. Chicago, Ill.**

15. FILED **JUN -7 1930** REGISTRAR **W. C. Hartley**

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 1 1930**

17. I HEREBY CERTIFY, That I attended deceased from **6-17 1930** to **6-1 1930**, and that I last saw him alive on **6-1 11:40 a.m.** 1930, and that death occurred, on the date stated above, at **1140 Oak St.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Postic Coronary heart failure from eating green Mustard & Spinach

CONTRIBUTORY (SECONDARY) **Chronic Endocarditis** (duration) **1** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Mo.** IF NOT BY PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **No** DATE OF ... WAS THERE AN AUTOPSY? **No**

WHAT TESTS CONFIRMED DIAGNOSIS? **Red side Reaction & History of Spikes** (Signed) **H. Staeker, M. D.** **6/3, 1930** (Address) **801 N. Jefferson Ave**

*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 **Chicago, Ill.** DATE OF BURIAL **June 8 1930**

20. UNDERTAKER **Chas. E. Tetts** ADDRESS **3030 Bell Ave**

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.

SEP 29 1947