

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

791
1003

Do not use this space.

34109

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No.....
Primary Registration District No.....
Sanitarium

File No.....
Registered No. 9425.
St. Ward)

2. FULL NAME

(a) Residence. No. 2720 N. 11th St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Gibbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
71 2 9

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

9. BIRTHPLACE (CITY OR TOWN) Bollinger Co.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Am. Gibbs Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W. F. McNamee M.D.
(Address) 5400 Arsenal St

15. FILED -21, 19 May 2 1936
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 4th 1930, to Oct 1st 1930 that I last saw h. alive on Oct 1st 1930 and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
936
arterio sclerosis (duration) yrs. 1 mos. 29 ds. +
CONTRIBUTORY (SECONDARY) Senile dementia (duration) yrs. 1 mos. 29 ds. +

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical findings
(Signed) William F. McNamee M. D.

10/1/1930 (Address) 5400 Arsenal St

*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 Marquand Mt DATE OF BURIAL Oct. 3 1930

20. UNDERTAKER Thos. H. Beiderwiden ADDRESS 1936 St. Louis

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.

