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

DEC 18 1934

Do not use this space.

40753

File No. 10692

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. Alison Brothers Hosp. St. Ward)

2. FULL NAME Willard R. Gibson

(a) Residence, No. 3888 Walsh St. St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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: May Gibson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 8-1910

7. AGE: Years 24 | Months 7 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo

FATHER

13. NAME: Alexander Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co. Mo

MOTHER

15. MAIDEN NAME: Lucile Carow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francis Co Mo.

17. INFORMANT (ADDRESS): Alexander Gibson 3439 Clinton St

18. BURIAL, CREMATION, OR REMOVAL PLACE: Hercelanum Mo DATE: 11-8-34

19. UNDERTAKER (ADDRESS): Jno. B. Finney Jr. 7128 Michigan Ave

20. FILED: NOV -7 1934 19.... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:05 p.m.

The principal cause of death and related causes of importance were as follows:

Abdominal Injuries, Ruptured liver, spleen, torn diaphragm and intestines & fractured left leg, received when truck driven by deceased was struck by Mo. Pac. freight train

Date of onset

Other contributory causes of importance:

at Mary and Mo. Pac. tracks

J. H. Accel M.D.

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 11/5/1934

Where did injury occur? St Louis County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Hit by train

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold Wenig M.D.

(Address) Dept Foot

11/7/34

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33