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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St, Louis Mo, Primary Registration District No. 1003

City ..... (No. City Hospital #1, from ..... St. ..... Ward)

File No. 18054

Registered No. 4630

2. FULL NAME Mary Elizabeth Gibear

(a) Residence, No. 4917 Bulwer Ave St., G 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28- 1927

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
9	4	5	

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. child

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) St, Louis Mo,

FATHER

13. NAME John Henry Gibear

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Bessie Schofield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) John Henry Gibear 4917 Bulwer ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 5-7-1937 19

19. UNDERTAKER (ADDRESS) Sullivan 2849 N, Euclid

20. FILED MAY 5 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phy. seen in attendance 37

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd, 1937

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 7:30 m. P.

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

Depressed Fracture of Skull, Subdural Hemorrhage of Brain, caused by being struck by steel flag pole while falling; same having broken off about 12 feet from the base, due to the flag rope being used for a swing by children unknown, at about 7:05 P. M., 5/3/1937, at Water Works Park, 107 E. Grand Bl.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Accident. Was there an autopsy? Yes

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

Accident, suicide, or homicide? accident Date of injury 5/3, 1937

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

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

Manner of injury .....

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph M. Zimmer, M.D.

(Address) Deputy Coroner

Coroners Case