

FEB 12 1938

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

1140
Do not use this space.

791
1003

996

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. City Infirmary. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ELLEN Helen-Gibbons. 152
(a) Residence, No. 5800 Arsenal St. St. 13 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to January 25, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1867

I last saw her alive on January 25, 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.

7. AGE YEARS 76 MONTHS 2 DAYS 1 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Degenerative Heart Disease
Diabetes Mellitus 1932
Other contributory causes of importance: Arteriosclerosis, general

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland:

FATHER 13. NAME Unknown.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER 15. MAIDEN NAME Unknown.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) E. Molony. 5800 Arsenal St.

Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy?

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Raphael Cemetery DATE Jan 27 1938

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS) 7420 Michigan Ave. J. Bredeck

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. (Signed) J. Bredeck M. D.
(Address) 5600 Arsenal

20. FILED JAN 27 1938 Local Registrar.

Corrected by death affidavit Sept 16-1937 L. Wood
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

See affidavit no. 269 in misc file - 1939

STATEMENT BY LICENSED EMBALMER

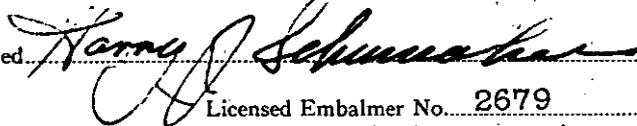
I, Harry Schumacher, Licensed Embalmer No. 2 679

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed



Licensed Embalmer No. 2679

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)