

REC'D FEB 10 1939

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

363  
Do not use this space.

## 1. PLACE OF DEATH

(a) County 1 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003  
(c) City ST. LOUIS. (d) Street No. Jewish Hospital St. 150  
(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

MADELEINE GRAY GIBNEY.  
(a) Residence, No. 2048 NORTH MOOR DR. St. W.P. W. City Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 10. 1880  
7. AGE YEARS 58 MONTHS 11 DAYS — If LESS than 1 day, ..... hrs. or ..... min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PRIVATE SECTY. INV. CO.  
9. Industry or business in which work was done, as saw mill, bank, etc. STEINBERG INV. CO.  
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) MO.

FATHER 13. NAME JOHN. A GIBNEY

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

MOTHER 15. MAIDEN NAME EDA WILLIAMS.

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

17. INFORMANT MARGUERITE K. GIBNEY  
(ADDRESS) 2048 NORTH MOOR DR.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JAN. 12. 1939

19. FUNERAL DIRECTOR (NAME) L. M. MULLEN.  
(ADDRESS) 5165 DELMAR BLVD.

20. FILE JAN 11 1939  
J. D. Brubaker  
Local Registrar.

## MEDICAL ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/10/39 19

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

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 2:50 P.M. m.

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

Haemorrhage due to laceration of lungs, heart and liver, and crushed chest, when she was struck by an automobile driven by one, Jerry Lynn Dunn, at Forest Park and Kingshigh-

Other contributory causes of importance: way Boulevards about 2:45 P.M. January 10th, 1939.

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 Accident Date of injury 1/10/1939

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. In Public Place

Manner of injury See Above

Nature of injury.....

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

If so, specify Alfred J. Perry

(Signed) Alfred J. Perry  
(Address) Republic Coroner

CORONER.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed John Keller

Licensed Embalmer No. 3880

P. O. Address .....

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

**If this body is not embalmed, above space should be left blank.**