

REC'D FEB 10 1939

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

378  
Do not use this space.

## 1. PLACE OF DEATH

(a) County 1 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1008  
(c) City Saint Louis (d) Street No. Deaconess Hospital Registered No. 378  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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 162 William H. Gibberson

(a) Residence, No. 2609 S. Grand Blvd. St. 17  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Gibberson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1860.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 10 18  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as saw mill, bank, etc. (not known)  
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) Missouri 0

FATHER 13. NAME William Gibberson 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER 15. MAIDEN NAME May Kallisson

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

17. INFORMANT Mrs. Helbing,  
(ADDRESS) 2609 S. Grand

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Mathews Cem. DATE Jan 13, 1939

19. FUNERAL DIRECTOR Craig Mortuary  
(ADDRESS) 4468 Washington Blvd.

20. FILED JAN 12 1939 J. B. Brubaker  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 11 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1938, to Jan. 11, 1939.  
I last saw him alive on Jan. 11, 1939. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Coronary Occlusion probably embolism  
Date of onset Jan. 11, 39

Other contributory causes of importance Carcinoma of Penis

Name of operation Amputation of Penis Date of Jan. 4, 1939  
What test confirmed diagnosis? Laboratory Was there an autopsy? No

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.

Manner of injury .....  
Nature of injury .....

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

(Signed) Edward Helbing, M. D.

(Address) 4463 Flourtown

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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.

**STATEMENT BY LICENSED EMBALMER**

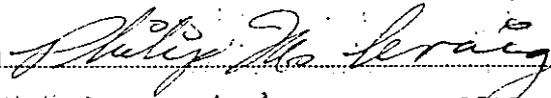
I, Philip M. Craig Licensed Embalmer No. 3281

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. 3281

**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.)**