

07  
 APR 12 1939

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

9097  
 Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **City Hospital** St.  
 (e) Length of residence in city or town where death occurred **37 yrs. - mos. - ds.** (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. **2862**

2. PRINT FULL NAME **Mary Gibbs**

(a) Residence, No. **4215 West Evans Ave.** St. **///**  
 (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow of Theo. Gibbs**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 18, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**79 9 6**

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Missouri**

FATHER  
 13. NAME **Duff Powell**

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

MOTHER  
 15. MAIDEN NAME **Jane Starke**

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

17. INFORMANT **Mrs. Nellie Obermeyer**  
 (ADDRESS) **3954 North 20th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Lebanon Cem** DATE **March 27, 1939**

19. FUNERAL DIRECTOR (NAME) **Edward J. Sorenson**  
 (ADDRESS) **3934 N. 20th St.**

20. FILED **MAR 27 1939**  
**J. D. Hubick**  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/25 1939**

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 **12:45** m.

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

*Fracture of Left Hip  
 caused by fall to floor at her home  
 suffered in fall to floor at her home  
 other contributory causes of importance:  
 Feb 24-1939 about 10%*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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..... **3/19/39**

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

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

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

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

(Signed) **Deputy Registrar**  
 (Address).....

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

*Geo. P. Schubert*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Geo. P. Schubert*.....

Licensed Embalmer No. *3212*

P. O. Address *5118 1/2 N. Kingshighway*

**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.**