DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791

State File No. 34621

Registration District No. 1003 Primary Registration District No. _____ Registrar's No. 9159

NOV 13 1939

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5340a Ridge Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5340a Ridge Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Octavia H. Gibbon 150

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Gibbon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 11th, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	15	_____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name Joseph W. Hosley
13. Birthplace _____ (City, town, or county) Kentucky (State or foreign country)

MOTHER 14. Maiden name Rebecca Birckhead
15. Birthplace _____ (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature Florine T. Sarrenberg
(b) Address 5340a Ridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/39 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 26 1939 (Date received by local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26th year 1939 hour 8 minute 12 A. M.

21. I hereby certify that I attended the deceased from 3-15-39, 19__, to 10-25, 1939; that I last saw her alive on 10-25, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to Chronic Interstitial nephritis long standing	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature John C. Konzelmann (M. D. or other)
Address 6177 Delmar Blvd Date signed 10/26/39

(Licensed Embalmer's Statement on Reverse Side)

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.

6671 Dickman
2-3

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 Warren G. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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

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