. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 894

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 894

FILED FEB 17 1940

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: 2
6424 N. Broadway
(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 75 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 8
(If outside city or town limits write "RURAL")

(d) Street No. 6424 N. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH ANN GIBSON

3. (b) If veteran, name war None

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 Gibson,

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 11, 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	2	17	hr. min.

9. Birthplace Salt Lake City (City, town, or county) Utah (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William W. Moores
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Edith Gibson
(b) Address 6424 N. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director
(b) Address 2117 E. Grand Blvd.

19. (a) JAN 30 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 year 1940 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 1.30.40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank C. [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [illegible]

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.