

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

5164
Do not use this space.

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 4832 Labadie ave.
 (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 Pleasant Gibbs
 (a) Residence, No. 4332 Labadie ave. St. 10
 (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** Negro **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Gibbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4th 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 63 1 20

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
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) Missouri

FATHER
13. NAME Pleasant Gibbs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sylvia Ann Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Julia Gibbs
 (ADDRESS) 4332 Labadie ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenwood DATE 2-28 1940

19. FUNERAL DIRECTOR (NAME) H. J. Smith
 (ADDRESS) 4247w Labadie ave

20. FILED FEB 27 1940 J. F. Budech
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 24 - 1940

22. I HEREBY CERTIFY, That I attended deceased from 2, 18th 1940 to 2, 24th 1940
 I last saw him alive on 2, 24th 1940 Death is said to have occurred on the date stated above, at 9:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Valvular Inefficiency Date of onset
Corpus Pulmonaria

Other contributory causes of importance:
Corpus Pulmonaria

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?
 If so, specify.....
 (Signed) Wm. L. Perry M. D.
 (Address) 4332 Labadie ave

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.

FILED MAR 12 1940 2

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Registered No. 1994

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, ~~of~~.....

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

Signed *Henry Goodin*.....

Licensed Embalmer No. *3050*.....

P. O. Address *42374 Fabachi*.....

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.