S. No. 2
-11-10-39
5-17-39
o 1 (1-1-42)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1941 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40179

9950

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Homer Phillips (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 Mo (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 25

(d) Street No. 1518 Rear Bedale (If rural, give location)

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

3. (a) PRINT FULL NAME George J. Gibson

3. (b) If veteran, name war

8. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace (City, town, or county) Ark (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace (City, town, or county) " (State or foreign country)

MOTHER 14. Maiden name "

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director Lorenzo Lloyd

(b) Address W. Ruth 3509 Ruth

19. (a) DEC 4 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1940 hour 5:10 minute P. M.

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

Immediate cause of death Internal Hemorrhage from Gun Shot wounds of Left Lung - Liver

Due to Perforation of Duodenum suffered when shot with

Due to Gunshot wounds of Hands of Jesse Vernon

Other conditions contributing to death (Include pregnancy within 3 months of death) Col - Admit 4:03 P.M. Oct

Major findings: Of operation 26-1940 at 11 and O Fallon St

Of autopsy Homicide

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) Homicide

(b) Date of occurrence Oct 26-1940

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Joseph M. Leeson (M. D. or other)

Address Deputy Coroner Date signed

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.