

LED MAR 2 1943 318

Registration District No.

Primary Registration District No.

100

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Mount to 34 Home Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Mary Jane Gibson

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife Stephen Gibson 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 12 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 4 hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name Joe Wilkinson
13. Birthplace Ga. /
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Huff
15. Birthplace Ga. /
(City, town, or county) (State or foreign country)

16. (a) Informant Amory M. White
(b) Address 4335 Finney Ave.

17. (a) (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter

18. (a) Signature of funeral director Boyd Brothers
(b) Address 3704 Finney Ave.

19. (a) Feb 20 1943 (b) J. F. Budek
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4335 a Finney
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1943 hour 11 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 8 to Feb 15, 1943;
that I last saw her alive on Feb 15, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death acute Bronchitis Duration 10 Days

Due to 106

Due to 106

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?

While at work? (Specify type of place) (c) Means of injury
23. Signature J. T. Aldrich (M. D. or other)
Address M. J. Larner Date signed 2-17-43

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

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*.....

Licensed Embalmer No..... *2114*

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, fact should be so stated above.