

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

REGISTRATION DISTRICT NO. **318**

Primary Registration District No. **1003**

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:
3864 Connecticut Ave!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3864 A Connecticut Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AUGUSTA GIBSON

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

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Henri Gibson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 9th 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Franklin County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Louis Greve
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Gibson
(b) Address 3864 Connecticut Ave
17. (a) Burial (b) Date thereof 5-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Burial Park

18. (a) Signature of funeral director Thygeshauser Mortuaries
(b) Address 4228 So. Highway
19. (a) MAY 2 1943 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22^d
year 1943 hour 4:30 minute 17 M.
21. I hereby certify that I attended the deceased from June
_____ 1943 to _____ 1943
that I last saw her alive on 5-1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast
Due to metastases to lungs and bones.
Due to myocarditis due
Other conditions (Include pregnancy within 3 months of death) 50

Major findings:
Of operations _____
Of autopsy _____

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 0
23. Signature Wm B Kunkel (M. D. or other) no
Address 4500 Olive Date signed 5/3/43

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

Wm B. Harty 4500 Olive St.
Jo 3800
Rr 5834
1-3

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 *Elmer A. McHernett*

Licensed Embalmer No. *3024*

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.