

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26862

FILED AUG 23 1944

318

Registration District No. Primary Registration District No. 1002 Registrar's No. 7327

1. PLACE OF DEATH:

(a) County
(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:
Barnes Hospital.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7812 Bonhomme
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRIET GIBBINS.

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

7. Birth date of deceased OCTOBER 29 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 9 14 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name WILLIAM GATES
13. Birthplace LONDON ENGLAND
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant G. Donald Gibbins.

(b) Address #3 Bridal Lane, Ladue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/43
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) AUG 14 1944 (Date received local registrar) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th,
year 1943, hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 1933
to Aug 13, 1943, 19

that I last saw him alive on Aug 13, 1943, 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis
Diabetes Mellitus

Due to 61

Due to
Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
14 days
?
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 Thomas D. Thompson (M. D. or other)
Address 4752 Maryland Date signed 8/12/43

8647 (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Lawrence R. Thompson
495 R. Maryland Ave.
Rt. 2918

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - Mo

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.