

FILED MAR 5 1945

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7112

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 484

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
315 N. Adams Ave. 1  
(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

3. (a) PRINT FULL NAME Lora May Gibson

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George N. Gibson 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Nov. 3rd 1870.  
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name William Rose

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

14. Maiden name Madea Ellis

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

16. (a) Informant Mrs. Harriett

(b) Address 301 E. Madison Hertford

17. (a) Burial (b) Date thereof Feb 19 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Parkland

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Bl

19. (a) FEB 20 1945 (b) E. J. Giverson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwood 96  
(If outside city or town limits, write "RURAL")  
(d) Street No. 315 N. Adams Ave. 4  
(If rural, give location) D. 3  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 17 day Saturday  
year 1945 hour 7 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1929, to October 1944  
that I last saw her alive on 2 - 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Bladder Duration 5 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations 5/2/4  
Of autopsy \_\_\_\_\_  
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 Harry Suther (M. D. or other) \_\_\_\_\_

Address 607 W. Grand Date signed \_\_\_\_\_

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

6  
4  
3

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**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

*John Ketter*

Licensed Embalmer No. 3880

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.**