V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22246

State File No. 6473

FILED AUG 3 1945

Registration District No. 318 Primary Registration District No. 1007 Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Jewish Hospital 0
(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 000

(c) City or town St. Louis 17 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5260 Vernon Avenue 4
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nellie E McGibbons

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 Orville McGibbons

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

7. Birth date of deceased September 17, 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John W. Morehead
13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Anna Braden
15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Dr. J. Harmon McGibbons
(b) Address 6400 Natural Bridge Road

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 26, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) JUL 25 1945 (Date received local registrar) J. F. Brezeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24, 1945
year 3 hour 45 minute A M.

21. I hereby certify that I attended the deceased from 3/7, 1945, to 7/24, 1945, that I last saw he alive on 7/23, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema due to Heart Failure (Hypertensive heart) Diabetes mellitus

Due to Chronic nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

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)

(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? (Specify type of place)

While at work? (e). Means of injury

23. Signature Alfred Polchinski (M. D. or other) MD

Address 634 N. Grand Date signed 7-25-45

(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 John Ogonoski

Licensed Embalmer No. 3398

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.