V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1936

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1946

State File No. 3996

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 198

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: St Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether

In this community 17 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Kirkwood (If outside city or town limits, write "RURAL")

(d) Street No. 123 East Monroe (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Gibson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Rachel Trent

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

7. Birth date of deceased 8 (Month) 5 (Day) 1861 (Year)

8. AGE: Years 84 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Monroe County Iowa (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Wm Harrison Gibson
13. Birthplace Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Terrill
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Ralph Gibson (son)

(b) Address 437 S Clay

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H Bopp Inc

(b) Address Kirkwood, Mo

19. (a) 1-22-46 (Date received local registrar) (b) E S McGarrant MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1946 hour 1 55 minute P.M. M.

21. I hereby certify that I attended the deceased from 12 21, 1945 to 1-18, 1946 that I last saw him alive on 1-18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic coronary disease	2 yrs
Due to: 9 yrs	
Due to:	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm W. Castes (M. D. or other) MD

Address 601 Brentwood Clayton Date signed 1/18/46

(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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.