

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45 10747
State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 481

1. PLACE OF DEATH
(a) County Saint Louis
(b) City or town Koch Mo.
(c) Name of hospital or institution: Robert Koch Hospital
(d) Length of stay: In hospital or institution 3 months, 27 days
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Saint Louis
(d) Street No. 2608 Taylor St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME ELSIE MARIE GIBSON
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day sixteenth year 1946 hour 8 P.M. minute 53 P.M.
21. I hereby certify that I attended the deceased from 11-23-45 to 3-16-46 that I last saw her alive on 3-16-46 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife No known
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____ (13)
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy No.

7. Birth date of deceased: December 14, 1905
8. AGE: Years 40? Months 3? Days 10?
9. Birthplace Little Rock Ar. Kansas

10. Usual occupation cleaning woman
11. Industry or business _____
12. Name Mitchell Hamilton
13. Birthplace N. Cardine
14. Maiden name Leona Cardine
15. Birthplace Little Rock Ar. Kansas
16. (a) Informant Blayne Baker
(b) Address 2608 Taylor St. Saint Louis
17. (a) Burial (b) Date thereof 46
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Dennis J. ...
(b) Address 2631 Cole St.
19. (a) 3-22-46 (b) Ed. M. ...

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (e) Means of injury _____
23. Signature Bernard Friedman (M. D. or other) M.D.
Address Koch Mo., Koch Mo. Date signed 3-17-46

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

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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..... *W. Claude Gordon*.....
Licensed Embalmer No..... *3489*.....
P. O. Address..... *4575 Aldine*.....

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.