S. No. 2
OM—5-43
v. 5-17-39
o. I X3667

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31755

Registration District No. 1818 Primary Registration District No. 1003 Registrar's No. 8111

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Phillip Gibson

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

4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Ella Gibson
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec, 5th, 1856 (Month) (Day) (Year)

8. AGE: Years 89 Months ~~10~~ Days 11 If less than one day hr. min.

9. Birthplace Newton (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Minnie Huntley
(b) Address 1017 Brooklyn St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) SEP 20 1946 (Date received local registrar) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1946 hour 8 minute 20 P M.

21. I hereby certify that I attended the deceased from 9-12, 1946 to 9-16, 1946; that I last saw him alive on Sept. 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebro Vasculer Accident- Thrombosis	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury 0

23. Signature E. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 9/18/46

(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 L Boyl

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boylin

Licensed Embalmer No. 2946

P. O. Address St Louis M

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.