

Registration District No.

318

Primary Registration District No.

1003

FILED MAR 8 1947

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - ax C. Starloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2106 N. Broadway Memorial (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WESLEY GIBBS

3. (b) If veteran, name war no

3. (c) Social Security No. 489-18-665A

4. Sex mo 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan 7 1880 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1947 hour 5:45 minute P M.
21. I hereby certify that I attended the deceased from 2/9/47 to 3/2/47 that I last saw him alive on 3/2/47 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration _____

8. AGE: Years 67 Months 1 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Joplin (City, town, or county) mo (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Sam Gibbs
13. Birthplace Joplin (City, town, or county) mo (State or foreign country)
14. Maiden name Izga Bordenier
15. Birthplace Joplin (City, town, or county) mo (State or foreign country)

16. (a) Informant Richard H. Gibbs

(b) Address 2106 N. Broadway

17. (a) Burial (b) Date thereof 30 5 47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial P. Cemetery

18. (a) Signature of funeral director W. H. F. Quaid

(b) Address 2205 St. Louis ave

19. (a) MAR 4 (b) J. F. Braddock (Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions (Include pregnancy, within 3 months of death) 109

Major findings: Of operations _____
Of autopsy _____

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 plane) While at work? _____ (e) Means of injury _____

23. Signature W. H. F. Quaid (M. D. or other) 3/3/47
Address 1515 Lafayette Date signed _____

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

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 *Henry M Brammer*

Licensed Embalmer No. *7200*

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.