V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36530

State File No. .....

FILED OCT 20 1947

Registration District No. .....

Primary Registration District No. 3069

Registrar's No. 2134

16
8
3

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: St. Mary's D
(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 St. Louis 96

(c) City or town ~~St. Louis County~~ Richmond Hts 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2111 Blendon Pl. 3
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Infant Gibbons

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male C

5. Color or race white

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased October (Month) 9 (Day) 1947 (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. 15 min.

9. Birthplace ~~St. Louis, Missouri~~ Richmond Hts
(City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Nathan Gibbons
13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruby Seifker
15. Birthplace St. Charles County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Nathan Gibbons
(b) Address 2111 Blendon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.

19. (a) 10-10-47 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1947 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-9, 1947, to 10-9, 1947, that I last saw him alive on 10-9-, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Premature

Due to .....

Due to 159

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature J. A. Stirling (M. D. or other)

Address Maplewood, Mo. Date signed 10-9-47

Jefferson City Printing Co.

(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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

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.