No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 29 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11049

Registrar's No. 563

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 203 Kingston Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 203 Kingston Dr. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Edward Gibbs

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

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 7

6. (b) Name of husband or wife Mae

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February (Month) 9 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
74	0	15	..... hr. ..... min.

9. Birthplace ---- Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired roofer

11. Industry or business .....

FATHER
12. Name Cail Gibbs
13. Birthplace ----- Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ----- Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Gibbs
(b) Address 203 Kingston Dr. Lemay, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) 2-29-48 (Date received local registrar) (b) Earl C. Shumpert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1948 hour 2.25 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 1 ....., 1947 to Feb. 9 ....., 1948
that I last saw him alive on 2-24 ....., 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of rectum lungs & liver	?
Due to Carcinoma of rectum, lungs liver. Primary liver.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

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 .....

23. Signature Mathilda L Tibe (M. D. or other) M.D.
Address 7110 Michigan Date signed 2-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE NO ERASURES—PERMANENT RECORD

MAR 29 1948

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 George N. Archambault Registered Apprentice No. XXXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.