

300
0-47
7-39
3906

FILED JUL 23 1948

Registration District No. **018**

Primary Registration District No. **100's**

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 **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Gibson

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

4. Sex MALE 5. Color or race COLORED 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased AUG. 2 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace ST. CHARLES MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

12. Name ROBIN GIBSON

13. Birthplace ST. CHARLES MO
(City, town, or county) (State or foreign country)

14. Maiden name HATTIE

15. Birthplace ST. CHARLES MO
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY GIBSON

(b) Address 2815 SHERIDAN AV

17. (a) BURIAL (b) Date thereof 7-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK DALE CEMETERY

18. (a) Signature of funeral director A. J. Walton

(b) Address 2707 STODDARD ST

19. (a) JUL 21 1948 J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Workingmen's Hotel - 1421
21 (If rural, give location) Hogans
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1948 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 2, 1948, to July 14, 1948, that I last saw him alive on July 14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration Undet.

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Osborn J. Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 7/15/48

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

MOTHER FATHER

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdens

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.