

Registration District No. **377**

Primary Registration District No. **6076**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
 (b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **10 Days**  
(Specify whether years, months or days)  
 In this community **10 Days**

**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. **1906a Cora Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **-**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August** day **22**  
 year **1948** hour **11:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 12, 1948** to **August 22, 1948**;  
 that I last saw him alive on **August 22, 1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **HYPERTENSIVE CARDIO-VASCULAR DISEASE**

Duration  
**Unk**

Due to **93d**  
 Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations **None**  
 Of autopsy **No Autopsy**

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) **None**  
 (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? **J. E. Stimpell**  
(Specify type of place) (Means of injury)  
 23. Signature **J. E. Stimpell** M. D. **3000**  
 Address **VAH, Jeff. Bks. Mo.** Date signed **8/23/48**

3. (a) PRINT FULL NAME **GIBBS, William M.A.**

3. (b) If veteran, name war **WW-1** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frances R.** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **June 19 1895**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **2** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Osage City, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business \_\_\_\_\_

12. Name **James R. Gibbs**

13. Birthplace **Pike County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eugenia Mayberry**

15. Birthplace **Osage City, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**

(b) Address **Jefferson Barracks, Mo.**

17. (a) **Burial** (b) Date thereof **8/26/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nat'l Cem. Jeff. Bks. Mo.**

18. (a) Signature of funeral director **Gates Funeral Home**

(b) Address **4107 Finney Ave. St. Louis, Mo.**

19. (a) **8/25/48** (b) **Coilla Z Sharp**  
(Date received local registrar) (Registrar's signature)

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

6  
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APR 22 1949

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.....

JOHN K. CUNNINGHAM

Registered Apprentice No. ....

working under my personal supervision.

Signed *John K. Cunningham*

Licensed Embalmer No. *44076*

P. O. Address: *4107 Finney*

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.