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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
#91432
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38148
9801
Registrar's No.

Registration District No. 318 Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

3. (a) PRINT FULL NAME NATHAN HENRY GIBBONS
3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased November 15 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation Teamster

11. Industry or business

12. Name William H. Gibbons

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Manda Kennedy

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Gibbons

(b) Address 5407 Ruskin Ave

17. (a) Burial (b) Date thereof 11-13-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) NOV 12 1948 (Date received local registrar) (b) J.B. Pasalan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5407 Ruskin Ave Memorial (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 10th year 1948 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from 11/3/48 to Nov. 10th, 1948 that I last saw him alive on Nov. 10th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic (lobular) Pneumonia 4 days
Due to Arteriosclerotic HTA's yes
Due to
Other conditions Psychosis, Cerebral arteriosclerosis
Major findings: Of operations
Of autopsy

Duration
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 1515 Lafayette 11/11/48 or other Address Thoma Thoma MD Date signed 11/14/48

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 Walter G Burnley
Licensed Embalmer No. 4302
P. O. Address St Louis Mo

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.