

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39736  
04558

96  
05  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 017 PRIMARY REG. DIST. NO. 6076 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RIVERVIEW GARDENS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>96</u> OR TOWN <u>RIVERVIEW GARDENS</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1060 CHAMBERS ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1060 CHAMBERS ROAD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u>		b. (Middle) <u>B</u>	
c. (Last) <u>GIBSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 30, 1878</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REAL ESTATE</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES GIBSON</u>		13b. MOTHER'S MAIDEN NAME <u>EILEEN KING</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Gibson</u> ADDRESS <u>1060 CHAMBERS</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus (Occlusion)</u>  ANTECEDENT CAUSES DUE TO (b) <u>Aortic Stenosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Rheumatic Heart Disease</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Previous Coronary Involvement and Thrombosis-8 months previous</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		411X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>10-31</u> , 1949, to <u>11-30</u> , 1949, that I last saw the deceased alive on <u>11-29</u> , 1949, and that death occurred at <u>8 A.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Julius D. Tursey M.D.</u> (Degree or title)		23b. ADDRESS <u>9321 No. Broadway, St. Louis, Mo.</u>	
23c. DATE SIGNED <u>11/30/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>11/30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cape Grove Cemetery, St. Louis, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
DATE REC'D BY LOCAL REG. <u>11-30-49</u>	REGISTRAR'S SIGNATURE <u>Robert M. M... A. Knowlton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>2707 M. Grand</u>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD—5

---

---

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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

*not Embalmed*

Student .....  
Student Embalmer

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.**