

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28212
Registrar's No. 6799

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>100</u>		State File No. 28212		Registrar's No. 6799							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>			2249						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3541a Humphry</u>				f. STREET ADDRESS (If rural, give location) <u>3447 S. Jefferson</u>											
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>			b. (Middle) <u>T</u>			c. (Last) <u>Gibson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>July 12 1890</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician Pevely Dairy</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME <u>Thomas A. Gibson</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Wetzel</u>				14. NAME OF HUSBAND OR WIFE <u>Anna (Deceased)</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Gibson Jr 3447 S. Jefferson</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, ashenia; etc. It means the disease, injury, or complication which caused death.											MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Collapse</u>											_____				
ANTECEDENT CAUSES											_____				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											_____				
DUE TO (b) <u>Angina Pectoris</u>											_____				
DUE TO (c) _____											_____				
II. OTHER SIGNIFICANT CONDITIONS											_____				
Conditions contributing to the death but not related to the disease or condition causing death.											<u>Pulmonary Tuberculosis</u>				
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
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) <u>42028</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Ang</u>									
22. I hereby certify that I attended the deceased from <u>Jan 1950</u> , to <u>July 9, 1950</u> ; that I last saw the deceased alive on <u>Aug 8, 1950</u> , and that death occurred at <u>3A</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>Leo P. Jung</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>2621 S. Jefferson</u>			23c. DATE SIGNED <u>8/10/50</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Bubial</u>		24b. DATE <u>8-II-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>								
DATE REC'D BY LOCAL REG. <u>AUG 10 1950</u>			REGISTRAR'S SIGNATURE <u>J. B. Basater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Schumacher 3013 Meramec St.</u>									

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

Handwritten notes:
X
Wetzel's V.P.D.

LA-3565
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2000

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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.

Signed Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

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.