

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003State File No. 14104
3395

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 33 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2279			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Homer Phillips				2d. STREET ADDRESS (If rural, give location) 3145a Lucas Avenue 0					
3. NAME OF DECEASED (Type or Print) a. (First) Oscar			b. (Middle)		c. (Last) Gibson		4. DATE OF DEATH (Month) 4 (Day) 8 (Year) 1951		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced		8. DATE OF BIRTH Nov. 6 1895		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Henderson Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Gibson			13b. MOTHER'S MAIDEN NAME Aleatha Lambert			14. NAME OF HUSBAND OR WIFE -			
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 Laura Coleman, 720 No. Compton Av.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pancreatitis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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)		21. HOW DID INJURY OCCUR? 587.0			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:20 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Alfred Henry Deputy Coroner</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4/11/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-13 1951		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM		24d. LOCATION (City, town, or county) (State) Jefferson BARRACKS MO			
DATE REC'D BY LOCAL REG. APR 11 1951		REGISTRAR'S SIGNATURE J. B. Lator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples Und. Co., 3100 Franklin Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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

103
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MAY 11 1951

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldene

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.