

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

REG #93911
FILED MAY 19 1951

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2173</u>	
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 OR TOWN <u>JEFFERSON BRKS., MO.</u>)		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. SHREWSBURY</u>)		4561	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADM. HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5120 DE VILLE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFORD</u>			b. (Middle) <u>J.</u>		c. (Last) <u>GIBSON JR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12, 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6/15/15</u>		9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Month <u>10</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DEPUTY COLLECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CLIFFORD J. GIBSON SR.</u>			13b. MOTHER'S MAIDEN NAME <u>IRENE BURKE</u>		14. NAME OF HUSBAND OR WIFE <u>ROSE GIBSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES WW-2</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DECOMPENSATION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RHEUMATIC HEART DISEASE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 YRS.</u> <u>27 Yrs.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		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) <u>VA</u>		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>5/12</u> , 19 <u>51</u> , to <u>5/12</u> , 19 <u>51</u> , and that death occurred at 7:45 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dwain R. Taylor, M.D.</u>			23b. ADDRESS <u>VAH, JEFF BRKS., MO.</u>		23c. DATE SIGNED <u>5/13/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-14-51</u>		REGISTRAR'S SIGNATURE <u>Herbert Polombe M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>7146 Manchester Av. Croghan Fun. Home</u>			

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

4000

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 Ronald O. Gahrke.....

Licensed Embalmer No. 3917.....

P. O. Address Atkins 10 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.