

FILED JAN 17 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4107

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 0083

1. PLACE OF DEATH a. COUNTY <u>Jennings MO</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 township) OR TOWN <u>Jennings MO</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 known</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>		<u>4138</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1932 Mc Laran Ave.</u>			d. STREET ADDRESS (If rural, give location) <u>1932 Mc Laran Ave</u>		
3. NAME OF DECEASED a. (First) (Type or Print) <u>Annabelle</u>			b. (Middle) <u>Giblin</u>	c. (Last) <u>Giblin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 17, 1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm Watson.</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Remington.</u>		14. NAME OF HUSBAND OR WIFE <u>John Giblin.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Giblin 1932 Giblin Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thyroid Heart Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>
19a. DATE OF OPERATION <u>                    </u>			19b. MAJOR FINDINGS OF OPERATION <u>                    </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>                    </u>		<u>4343</u>
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? <u>                    </u>		
22. I hereby certify that I attended the deceased from <u>August 1945</u> , to <u>Jan 9, 1953</u> , that I last saw the deceased alive on <u>Jan 8, 1953</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Donald M. D. M.D.</u>			23b. ADDRESS <u>819 Neweast Club Bldg</u>		23c. DATE SIGNED <u>1-10-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 12, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO. MO</u>	
DATE REC'D BY LOCAL REG. <u>1-10-53</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Dornhe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buchholz-Koeller 5967 W. Florissant Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

Ave

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

**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 \_\_\_\_\_

Licensed Embalmer No. 4551

P. O. Address St. Louis Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.