

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH9611
State File No.
2904

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St Louis Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				STREET ADDRESS (If rural, give location) 25 1419 N. 8th St 22510			
3. NAME OF DECEASED (Type or Print)		a. (First) Austin		b. (Middle) Lee		c. (Last) Gibbons	
4. DATE OF DEATH (Month) (Day) (Year) 3-29-55		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH May 25 - 13		9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		11. BIRTHPLACE (City and State or Foreign Country) Colorado Springs, Colo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME G. Gibbons		13b. MOTHER'S MAIDEN NAME -		14. NAME OF HUSBAND OR WIFE Mabel Gibbons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 557-36-5215		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel Gibbons 1419 N. 8th St			
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 f. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Brain Injury, suffered when car operated by one, Roy Cooper in which deceased was a passenger, went out of control and struck, abutted on No. Kinley Bridge about 3:00 am. March 25 1955 Accident				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. TOPOSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bridge		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 25 55 3A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E8234			
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 of 1055 A.M. , from the causes and on the date stated above. 31							
23a. SIGNATURE, Patrick C. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3.31.55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-2-55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. MAR 31 1955		REGISTRAR'S SIGNATURE J. Earl Smith m.d		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Central Drug Co 1841 Cass Ave			

E.P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *John W. Reester*

Licensed Embalmer No. *398*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. *H*
If this body is not embalmed, fact should be so stated above.