

FILED JUN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20697

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1362

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 OR TOWN <u>Bellefontaine Neighbors 7970</u>		c. CITY OR TOWN <u>Bellefontaine Neighbors 020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1072 Chambers Rd</u>		e. STREET ADDRESS (If rural, give location) <u>1072 Chambers Rd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u> b. (Middle) <u>L.</u> c. (Last) <u>Gibson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-1955</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>7-30-1875</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
----------------------	--	-------------------------------	--	--	--	-----------------------------------	--	---	--	--------------------------------	--	------------------------------	--

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>HOUSEWORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
--	--	--	--	--	--	---	--

13a. FATHER'S NAME <u>James Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen King</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Gibson</u>		ADDRESS <u>1072 Chambers</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma lung Primary</u>				INTERVAL BETWEEN ONSET OF DEATH <u>6 hrs</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) _____					
		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 <u>162X</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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 4-1 to 6-13, 1955, that I last saw the deceased alive on 6-13 at 1072 Chambers, and that death occurred at 1072 Chambers m., from the causes and on the date stated above.

23a. SIGNATURE <u>James B. Dunderman</u>		23b. ADDRESS <u>4923 Ash Blvd</u>		23c. DATE SIGNED <u>6/14/55</u>	
--	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO MO</u>	
---	--	--------------------------	--	---	--	--	--

DATE RECD BY LOCAL REG. <u>6/14/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Locke MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Nixon & Co</u>		ADDRESS <u>2707 N. Grand.</u>	
--	--	---	--	---	--	-------------------------------	--

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

2157
T
A

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. *Not Embalmed*

Student
Signature of Student Embalmer

Signed *Alexander*
Licensed Embalmer No.

P. O. Address

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