

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29472

STATE FILE NUMBER

FILED AUG 30 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7500

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Pagedale	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Flower N.H.		d. STREET ADDRESS (If outside, give location) 1283 Purcell Ave	
3. NAME OF DECEASED (Type or print) First Middle Last William J. Gibbons		4. DATE OF DEATH Month Day Year 8-11-57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-6-1873
9. AGE (In years last birthday) 84		10. KIND OF BUSINESS OR INDUSTRY Retired Type Setter	11. BIRTHPLACE (City and state or country) Ireland
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Unk.	
14. MOTHER'S MAIDEN NAME Unk.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Address Chas. A. Hofer 3745 West Pine Blvd.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC FAILURE</u> DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>CEREBRO-VASCULAR ARTERIO SCLEROSIS</u>			INTERVAL BETWEEN ONSET AND DEATH 3 YRS UNK
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11-5-54</u> to <u>8-11-57</u> and last saw <u>him</u> alive on <u>8-10-57</u> Death occurred at <u>8:40a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Henry T. Cooper M.D.</u>		22b. ADDRESS <u>St. Olive St.</u>	
22c. DATE SIGNED <u>8/12/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8-14-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>J.W. Clark F.H. 1125 Hodiament Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 12 57</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>			

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Ch 1-4747

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Alfred J. Prudek
Licensed Embalmer No. 26

P. O. Address... 11257th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.