

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020520

STATE FILE NUMBER

FILED JUN 13 1958

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1487

300  
1-57  
4

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Affton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>ST. LOUIS Affton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>37 Miller N. Home</b>		Length of stay in lb <b>AB 6 mos 20 29</b>	d. STREET ADDRESS (If outside, give location) <b>7434 Hildesheim</b>
3. NAME OF DECEASED (Type or print) First <b>Gertrude</b> Middle <b>May</b> Last <b>Gibbs</b>			4. DATE OF DEATH Month <b>June</b> Day <b>2</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 19, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	9. AGE (In years last birthday) <b>82</b>
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	IF FUNDER 1 YEAR Months Days Hours Min.
13a. FATHER'S NAME <b>Frederick N White</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Orr</b>	14. NAME OF HUSBAND OR WIFE <b>UNK.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <b>no</b> known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Garry McGlasson</b> Address <b>4572 Loughborough</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Infarct</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Arteriosclerosis and</b>			<b>1 Yr.</b>
DUE TO (c) <b>Chronic Nephritis</b>			<b>1 Yr.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <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 <b>Oct. 3rd, 1957</b> to <b>June 2, 1958</b> and last saw <b>him</b> alive on <b>May 30th, 1958</b> Death occurred at <b>2:15</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. H. Walters M.D.</b> (Degree or title)		22b. ADDRESS <b>3608 S. Grand Blvd.</b>	22c. DATE SIGNED <b>6/3/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/3/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Affton Mo.</b>
24. FUNERAL DIRECTOR <b>J L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>6/3/58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>

*Handwritten initials*

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 *Donald Benz* .....

Licensed Embalmer No. *4863* .....

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