

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035085
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2374

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death (Specify)) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 4346 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles 1st Nursing Home - 3 wks		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 7131 Waterman Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HELEN Middle NMI Last GIBERT			4. DATE OF DEATH Month September Day 12th , Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31st, 1888
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 8 Days 11	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Primary Teacher		10b. KIND OF BUSINESS OR INDUSTRY Wilson School	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Michael Gibert	
13b. MOTHER'S MAIDEN NAME Julia Rupp		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Barbara Rupp Address 7131 Waterman Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain tumor, left, type undetermined			INTERVAL BETWEEN ONSET AND DEATH 10 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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? 237X / YES <input checked="" type="checkbox"/> NO <input 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 _____ o.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	
20e. CITY, TOWN, OR LOCATION -----		20f. COUNTY STATE	
21. I attended the deceased from April 24, 1958 to September 12 and last saw her alive on Sept. 11 at 6 p.m. Death occurred at 3 p.m. Sept. 12, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. Baumgartner</i> (Degree or title) M.D.		22b. ADDRESS 3720 Washington Boulevard	22c. DATE SIGNED 9/13/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/15/1958	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR C. R. Lupton & Sons ADDRESS 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. 9-13-58	26. REGISTRAR'S SIGNATURE <i>Herbert P. Danke M.D.</i>

3720 Washington Blvd.
Jefferson 3-6720
Hours: until 11:30 am

OCT 23 1958

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 Clarena H. Murray

Licensed Embalmer No. 4011
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.
If this body is not embalmed, fact should be so stated above.