URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 29 1960

-60-024517

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5388

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7025 Julian Ave.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Gladys Middle: H Last: Gibbons
4. DATE OF DEATH Month: 5 Day: 22 Year: 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 9-10-1897
9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: American Red Cross
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Benjamin Gibbons
13b. MOTHER'S MAIDEN NAME: Elizabeth Barzen
14. NAME OF HUSBAND OR WIFE: Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 488-18-9408
17. INFORMANT: Mrs. Elizabeth Gibbons Address: 7025 Julian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) General abdominal Metastasis c̄ Large Bowel obstruction secondary to
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mixed Mesodermal Tumor of Uterus
DUE TO (c) 174X
INTERVAL BETWEEN ONSET AND DEATH: Dec 8, 1959 to death

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Dec 4, 1959, to death and last saw her/him alive on May 19, 1960
Death occurred at May 22, 1960 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William J. McDonnus MD
22b. ADDRESS: 8230 Bonsyde
22c. DATE SIGNED: May 23, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-25-1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR ADDRESS: Jos.W.Clark F.H. 1125 Hodiamont
25. DATE RECD. BY LOCAL REG.: MAY 23 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Alfred F. Bed

Licensed Embalmer No. 266

P. O. Address 1125 Hol

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