MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1962

=62-003797

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1027

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
			16	DOCUMENT

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: DEACONESS HOSP.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3418 LOUISIANA
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ESTELLE Middle: Last: GIBBS

4. DATE OF DEATH Month: JAN. Day: 21 Year: 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: SEPT. 7 1901
9. AGE (last birthday): 60
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): ICE CREAM PACKER
10b. KIND OF BUSINESS OR INDUSTRY: PEVELY
11. BIRTHPLACE (City and state or country): ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE: CLARENCE GIBBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: CLARENCE GIBBS Address: 3418 LOUISIANA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic Carcinoma of Lung	2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Agranulocytosis	5 days
DUE TO (c)	165x	

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 8-20-53 to 1-21-62 and last saw her/him alive on 1-21-62
Death occurred at 6 50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Earl A. Klein (Degree or title)
22b. ADDRESS: 2632 S. Kingshighway
22c. DATE SIGNED: 1-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JAN. 24 1962
23c. NAME OF CEMETERY OR CREMATORY: NEW PICKER
23d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

24. FUNERAL DIRECTOR: Thomas Kutis ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: JAN 23 1962
26. REGISTRAR'S SIGNATURE: Ford Smith M.D.

063 - S. Humphrey
PR 2-7475
11-3 30 Tue

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 T. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Grava

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.