

11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40987

Do not use this space.

791

1008

Registered No. 10679

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

145 George Giblin
 (a) Residence, No. 3944a Carter Ave. St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer -
 9. Industry or business in which work was done, as saw mill, bank, etc. Water-works
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Thomas Giblin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Catherine Coughlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. John Sykes 3944 Carter Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec. 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd.

20. FILED DEC 12 1938 J. B. Winder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on Dec. 2, 19..... Death is said

to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Fracture of Left Femur
Suppurative
bone
fracture
at the City
Infirmary on Dec. 8th 1938
at approx 5:30 P.M.
 Date of onset

Other contributory causes of importance:

Fracture of Left Femur
Suppurative
bone
fracture
at the City
Infirmary on Dec. 8th 1938
at approx 5:30 P.M.
 Name of operation Amputation Date of Dec. 10, 1938

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide. Accident Date of injury 12/8/38

Where did injury occur? St. Louis
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Fracture

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Arthur J. Donnelly

(Signed) Arthur J. Donnelly

(Address) St. Louis

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1423

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

Registered Apprentice No..... working under my personal supervision.

Signed..... *W H Van Matre*

Licensed Embalmer No. *2825*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.