

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 4399Registration District No. 701Primary Registration District No. 1003Registrar's No. 1229

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME 125 Florence Gibson8. (b) If veteran, name war No. _____ 8. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 46 years7. Birth date of deceased Sept. 31 1897
(Month) (Day) (Year)8. AGE: Years 42 Months 4 Days 12 If less than one day _____ hr. _____ min.9. Birthplace Duquoin Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Jones18. Birthplace Duquoin Illinois
(City, town, or county) (State or foreign country)14. Maiden name Urs Maxwell
15. Birthplace Swanwick Illinois
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James Gibson(b) Address Pinckneyville, Ill.17. (a) Removal (b) Date thereof 2/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pinckneyville, Ill.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) FEB 6 1940 (b) J. B. Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
 (c) City or town Pinckneyville NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 512 Mason St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2/3 day 4
year _____ hour 2:30 minute P. M.21. I hereby certify that I attended the deceased from 2/3/40
_____ 19____ to 2/3/40 19____;
that I last saw her alive on 2/3/40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration (?)
Due to Abcess BrainDue to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____
Of autopsy not obtained
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. B. Beck (M. D. or other) _____Address Windsor, Md. Date signed 2/5/40

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..... *Guy W. Wilkerson*

Licensed Embalmer No..... *2575*

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.