

No. 2  
11-10-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40407  
10178

State File No.

Registrar's No.

LED JAN 15 1947 91

Registration District No.

Primary Registration District No.

1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis  
(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: 2630 Walnut St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 19 years.  
years, months or days)

3. (a) PRINT FULL NAME Fannie Gibson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Will Gibson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 2 (Month) 15 (Day) 1886 (Year)

8. AGE: Years Months Days If less than one day  
54 9 3 hr. min.

9. Birthplace Vicksburg Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Domestic

12. Name A. P. Powell  
13. Birthplace Vicksburg Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Powell  
15. Birthplace Vicksburg Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Thomas

(b) Address 2630 Walnut St.

17. (a) Burial (b) Date thereof 12-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Ellis Fun. Home

(b) Address 2820 Stoddard St.

19. (a) DEC 11 1940 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis.  
(c) City or town St Louis Mo. 22  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2630 Walnut St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
year 1940 hour 10 minute 35. A. M.

21. I hereby certify that I attended the deceased from Oct 1  
1940 to Dec 8, 1940  
that I last saw him alive on Dec 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Hypertensive Heart Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W. Young (M. D. or other) \_\_\_\_\_  
Address 3316 Maple Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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. *1000*

working under my personal supervision.

Signed

*Thomas B. Deffen*  
.....  
Licensed Embalmer No. *294*

P. O. Address *St. Louis Mo*

**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.**