

791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10375

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6975 Pernod.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

9. (a) PRINT FULL NAME EDWARD HENRY GIBBONS.

8. (b) If veteran, name war None. 8. (c) Social Security No. 491-12-9042

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

6. (b) Name of husband or wife Anne Gibbons. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 1, 1870.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70.	6.	15.	hr. min.

9. Birthplace Toronto, Canada.  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business St. Louis Post Dispatch.

MOTHER FATHER { 12. Name Unknown Gibbons.

13. Birthplace Canada.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anne Gibbons.

(b) Address 6975 Pernod Ave.

17. (a) Buriel. (b) Date thereof 12/18/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard

19. (a) DEC 17 1940 (b) J. H. Bredech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_

(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")

(d) Street No. 6975 Pernod Avenue. 3  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 15th,  
 year 1940 hour 10:30 minute P.

21. I hereby certify that I attended the deceased from Nov. 15/40  
 \_\_\_\_\_, 19\_\_\_\_, to Nov. 18/40, 19\_\_\_\_

that I last saw him alive on Nov. 18/40, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

chr. Myo-Carditis  
and  
Auricular Fibrillation  
 Due to \_\_\_\_\_  
 Duration 1 1/2

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

Major findings: A3C  
 Of operations \_\_\_\_\_

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

PHYSICIAN

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 James A. Dicks (M.D. or other)

Address 588 J. Gardner Date signed 12/16/40

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

Dr James Dixon,  
Julien Ave.,  
MU. #5223.

5003  
MU - 5223  
HRS. - 9-11 a.m.  
1-3 p.m.

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
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.**