

S. No. 2
-4-13-40
-5-17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8968

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2378

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170
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 days
(Specify whether years, months or days)

In this community. One Year

3. (a) PRINT FULL NAME. MADISON P. GIBBS

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex. Male

5. Color or race. White

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive. Jan. 12, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>2</u>	<u>3</u>	hr. min.

9. Birthplace. Steelville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name. N. W. Gibbs

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

14. Maiden name. Katherine Huett

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

16. (a) Informant. Earl Gibbs

(b) Address. 4969 Rosalie

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof. 3/16/41
(Month) (Day) (Year)

(c) Place: burial or cremation. Steelville, Mo.

18. (a) Signature of funeral director. Alexander & Sons

(b) APR 16 1941
(Date received local registrar)

19. (a) J. B. Buech
(Date received local registrar)

(b) J. B. Buech
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Crawford

(c) City or town. Steelville, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year (1941) 1941 hour 4 55 minute 0 M.

21. I hereby certify that I attended the deceased from March 12, 1939, to March 15, 1941
that I last saw him alive on March 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Chor Myocarditis
Affirmations of Age
Due to. Hypertension
Hypertrophied Prostate

Due to.....

Other conditions. (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations.....

Of autopsy.....

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 M. A. Judeman (M. D. or other) M. A.

Address 4176 Phoebe Ave Date signed 3-15-41

Carl H. Lindeman

7027 Shreve

Ev. 7140

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.....

Licensed Embalmer No. 2460

P. O. Address 6170 Palmar

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, fact should be so stated above.