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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1949

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16381

Registration District No. 794 Primary Registration District No. 1003 Registrar's No. 3899

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

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: 1023 FREY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 18 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 227
(If outside city or town limits, write "RURAL")
(d) Street No. 1023 FREY
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME VERA MAY GIBSON
3. (b) If veteran, name war
3. (c) Social Security No. 495-16-0180
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RUDOLPH GIBSON
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased MAY (Month) 25 (Day) 1904 (Year)

8. AGE: Years 36 Months 11 Days 12 If less than one day hr. min.

9. Birthplace / TENNESSEE (City, town, or county) (State or foreign country)
10. Usual occupation SEAMSTRESS
11. Industry or business
MOTHER FATHER
12. Name JACK JONES
13. Birthplace / TENNESSEE (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace / TENNESSEE (City, town, or county) (State or foreign country)
16. (a) Informant RUDOLPH GIBSON
(b) Address 1023 FREY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 10 1941 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATTHEWS CEM.
18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois
19. (a) MAY 8 1941 (Date received by registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7 year 1941 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Jan 10, 1941, to May 7, 1941; that I last saw her alive on May 6, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis — Duration 2 years
Due to
Due to
Other conditions Chr. Gastritis
(Include pregnancy within 3 months of death)
Major findings:
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 C. F. Rheppel (M. D. or other)
Address 905 Morrison Date signed 5/7/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Kloeppel
705 Morrison

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 Thor Lutis, Registered Apprentice No. ..... working under my personal supervision.

Signed Thor Lutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.