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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16492

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4010

1. PLACE OF DEATH:

(a) County

(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: Bethesda General 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ST LOUIS

(c) City or town WEBSTER GROVES N.R. (If outside city or town limits, write "RURAL")

(d) Street No. 115 MADISON AVE (If rural, give location)

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

3. (a) PRINT FULL NAME Gibson Infant - Unnamed

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) - 11 (Day) - 1941 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hr. 15 min.

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

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name EARL GIBSON
13. Birthplace MARLEY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name Elizabeth Ervin
15. Birthplace Sikeston (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Earl Gibson

(b) Address 115 MADISON AVE WEBSTER GROVES

17. (a) ~~Burial~~ REMOVAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) - 13 (Day) - 41 (Year)

(c) Place: burial or cremation ORAN MO.

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 1416 N TAYLOR AVE

19. (a) MAY 12 1941 (Date received local registrar) (b) J. T. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1941 hour 6 minute 44 P

21. I hereby certify that I attended the deceased from 5-11-41, 19, to 5-11-, 1941 that I last saw him alive on 5-11-, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation — Duration 15 m

Due to Prolapsed cord & inability to deliver shoulders

Due to

Other conditions none (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. D. Edwards (M. D. or other)

Address 4216 Shaw Date signed 5/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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

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