

Registration District No. **791** Primary Registration District No. _____ Registrar's No. **5068**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Desloge 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 Missouri (b) County 009
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1719
(d) Street No. 4121 W. Pine
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1941 hour 5 minute 32 P.M.

21. I hereby certify that I attended the deceased from Dec. 31, 1940, to June 18, 1941;
that I last saw her alive on June 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchogenic Carcinoma

Duration

Uncertain

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy: Bronchogenic Carcinoma
Perforated effusion, infarcts of spleen

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) None

(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) Means of injury 3

23. Signature C. Rauschmidt (M. D. or other) _____
Address St. Louis Desloge Hosp. Date signed 6-18-41

3. (a) PRINT FULL NAME Minnie Gibson

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased November 30, 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace De Soto Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name ? McFarland

13. Birthplace Missouri
(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 John Gibson

(b) Address 4121 W. Pine

17. (a) Burial (b) Date thereof 6/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)
De Soto, MO.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUN 20 1941 (b) J. W. Brudeck
(Date of local registrar) (Registrar's signature)

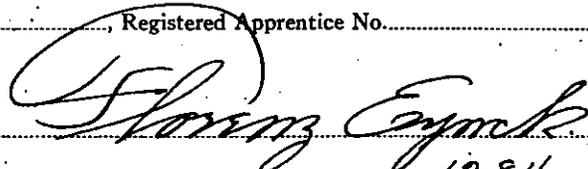
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
17
9

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. 1284

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, fact should be so stated above.