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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 3 1941

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 36213

Registrar's No. 2191

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mother of Good Counsel Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28

(c) City or town Steelville 2 (If outside city or town limits, write "RURAL")

(d) Street No. --- (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME EFFIE MAY WINGO

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female/

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife William Lee Wingo

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

7. Birth date of deceased February (Month) 27, (Day) 1873 (Year)

8. AGE: Years 68 Months 8 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Wesco (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation at home

11. Industry or business ---

FATHER
12. Name Nicholas W. Gibbs
13. Birthplace Bedford County (City, town, or county) 1 Virginia (State or foreign country)

MOTHER
14. Maiden name Eliz. C. Hewitt
15. Birthplace Crawford Co., (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant Mrs. E. L. Niehaus

(b) Address 5804 DeGiverville

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/31/41 (Month) (Day) (Year)

(c) Place: burial or cremation Steelville

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

(b) Address 6175 Delmar Blvd.

19. (a) OCT 29 1941 (Date received local registrar) (b) E. G. McGavron M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1941 hour 4 25 minute 17 M.

21. I hereby certify that I attended the deceased from Sept 25, 1941, to Oct 29, 1941; that I last saw her alive on Oct 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (apoplexy)

Due to General arterial Sclerosis Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 830-1

Major findings: Of operations no

Of autopsy no

Duration

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 Eugene J. O'Malley (M. D. or other) 0

Address 634 N. Grand Date signed 10-29-41

(Licensed Embalmer's Statement on Reverse Side)

For
C. Mackey

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 Jos S. McCullah

Licensed Embalmer No. 2460

P. O. Address 1730 Delmar

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

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