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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39341

State File No. \_\_\_\_\_

DEC 23 1941  
Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2537

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Louis County Hospital D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91

(c) City or town S. Kinloch  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carrie Gibson

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
year 1941 hour 12 minute :20 A.M.

21. I hereby certify that I attended the deceased from 12-9-41  
to 12-13-41

that I last saw her alive on 12-13-41  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race colored

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

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

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

7. Birth date of deceased: April 11 ?  
(Month) (Day) (Year)

Immediate cause of death Coronary & Respiratory failure Duration Terminal

Due to Uremia - Anemia

Due to Psychoneurosis, bilateral Cerebral infarction 1 year

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

57 ?	8	2	_____ hr. _____ min.
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PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy 1248

Underline the cause to which death should be charged statistically.

9. Birthplace Batesville Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown Unknown

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

14. Maiden name Edquire Magsby

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

16. (a) Informant Social Service " "

(b) Address St. Louis County Hospital

17. (a) burial (b) Date thereof 12-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Boyd Bros.

(b) Address S. Kinloch Pk. Mo.

19. (a) DEC 15 1941 (b) G. M. Harris M.D.  
(Date received local Registrar) (Registrar's signature)

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? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature Edward J. Becker (M. D. or other) \_\_\_\_\_  
Address Co. Hwy Date signed \_\_\_\_\_

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

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**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.....

P. O. Address.....

**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.**