

FILED APR 27 1942

Registration District No. 791

Primary Registration District No. 1005

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4451 Russell Blvd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day April
year 1942 hour 11:45 minute P. M.
21. I hereby certify that I attended the deceased from
4-6-42 19... to 4-15-42 19...;
that I last saw h...er alive on 4-15-42 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute lymphatic leukemia
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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) (Specify type of injury)
23. Signature [Signature] (Date received local registrar) (Registrar's signature) (Date signed)
Address 4930 Lindell, St. Louis Date signed 4-16-42

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

3. (a) PRINT FULL NAME Edna F. Gibbs
3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife William W. Gibbs 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased April 13 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 0 2 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name August H. Fehlberg
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Christine Poertner
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant William W. Gibbs
(b) Address 4451 Russell Blvd

17. (a) Removal (b) Date thereof April 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okawville Illinois
18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) APR 17 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

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 Frank J. Owens

Licensed Embalmer No. 2245

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.