S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12638

State File No.

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 3553

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

1. PLACE OF DEATH:

(a) County Mo.

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

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day (1) (Specify whether

In this community About 27 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 2 17 (If outside city or town limits, write "RURAL")

(d) Street No. 905a N. 19th St. 9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dennis Gibson

3. (b) If veteran, name war No

3. (c) Social Security No. 3330-7782

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 3 (Day) 1899 (Year)

8. AGE: Years 43 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business merican Steel Foundry

FATHER
12. Name Dennis Gibson
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Shephard
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Lee Gibson

(b) Address 1023 N 22 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington Ave.

19. (a) 1021 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1942 hour 3 minute 55 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Right Lobar Pneumonia Acute Parenchymatous Nephritis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 3

23. Signature Thomas F Callan (M.D. or other)

Address Deputy Coroner Date signed 4/21/42

844

(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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.