. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Drusilla

State File No. 12639

FILED APR 27 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3433

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
DePaul Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 56
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15-000

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

(d) Street No. 3828 Bingham 9
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Drusilla Gibson

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 married

6. (b) Name of husband or wife John E. Gibson

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 14th. 1886
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	0	1	hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name James A. Cox
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Friar
15. Birthplace Fredericktown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John E. Gibson
(b) Address 3828 Bingham

17. (a) Bellefontaine (b) Date thereof April 17th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Henry L. Weidenmueller
(b) Address 6203 Gravois Ave

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

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1942 hour 1 minute 15 a.M.

21. I hereby certify that I attended the deceased from 3/16/42, 19, to 4/15/42, 19
that I last saw her alive on 4/15/42, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Orthostatic Pneumonia	2 days
Due to Metastatic carcinoma	6 mos
Due to Cancer of uterus	10 mos
Other conditions (Include pregnancy within 3 months of death) 48 hrs	
Major findings: Of operations 48	
Of autopsy — Neg	

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 — Neg

(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 O

23. Signature M. L. Mistachkin (M. D. or other)

Address 1259 N Kingshighway Date signed 4/16/42

(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 Alford G Barnley

Licensed Embalmer No. 14202

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.