

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16123

State File No.

Registrar's No. **5220**

Primary Registration District No. **1003**

FILED JUN 14 1943

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

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

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**

(c) City or town..... **University City**
(If outside city or town limits, write "RURAL")

(d) Street No..... **7279 Forsythe**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Dr. Fred L. Gibbs**

3. (b) If veteran, name war..... **World War**

3. (c) Social Security No..... **None**

4. Sex..... **Male**

5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Clementine**

6. (c) Age of husband or wife if alive..... **35** years

7. Birth date of deceased..... **January 21, 1891**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	4	13	hr. min.

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

10. Usual occupation..... **Physician**

11. Industry or business.....

12. Name..... **Henry W. Gibbs**

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

14. Maiden name..... **Hermena T. Werneke**

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

16. (a) Informant..... **Clementine Gibbs**

(b) Address..... **7279 Forsythe**

17. (a) Burial (burial, cremation, or reburial)..... **National Cem. Jefferson Barracks**

(b) Date thereof..... **6 - 7 - 43**
(Month) (Day) (Year)

(c) Place of burial or cremation.....

18. (a) Signature of funeral director..... **Chas. F. Stuart**

(b) Address..... **1225 Union Blvd.**

19. (a) JUN 7 1943 **J. J. Bredeck**
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1943** hour **11** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov. 1, 1942** to **June 4, 1943**
that I last saw him alive on **June 4, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Myocardial Infarction
Coronary Atherosclerosis

Due to..... **1 day**

Due to..... **5 yrs.**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?
While at work?..... (Specify type of place) (Means of injury).....

23. Signature..... **D. B. Flamm** (M. D. or other)
Address..... **101 Hammond Bldg** Date signed..... **6/7/43**

JUN 17 1943

FEB 24 1943

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 *Wilford J. Beerslee*

Licensed Embalmer No. *4202*

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.