

FILED DEC 27 1943

Registration District No. 378

Primary Registration District No. 3063

Registrar's No. 2827

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
(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 Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8040 Strang Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emile Gibson

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laska Gibson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 1-9-1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	11	8	— hr. — min.

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

10. Usual occupation None Druggist

11. Industry or business Wood's Drug Co.

MOTHER FATHER

12. Name Oliver Gibson

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

14. Maiden name Mary Neu

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

16. (a) Informant Liska Gibson

(b) Address 8040 Strang Overland Park

17. (a) Burial (b) Date thereof 12-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill Cem.

18. (a) Signature of funeral director Baumann Bros. Inc.

(b) Address 2504 Woodson rd. Overland

19. (a) DEC 20 1943 (b) E. J. McBarren, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day 7 December
year 1943 hour 9:40 minute P. M.

21. I hereby certify that I attended the deceased from 11-13-43, 19___ to 12-17-43, 19___
that I last saw him alive on 12-17-43, 19___
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal
Broncho pneumonia

Due to Syphilis Duration 3 days

Due to Kidney abscess Cystitis ?
19 yrs

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 30 G
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) (e) Means of injury _____

23. Signature Frederick M. ... (M. D. or other)

Address St. Louis County Hospital Date signed 12-18-43

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

36
2
3

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland, 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.