S. No. 2
0M—5-43
v.-5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14732

FILED APR 18 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3225

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:
Christian Hospital 0
(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 000
(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")
(d) Street No. 1474 Hamilton Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Berney Warren Gibson

3. (b) If veteran, name war World #1.

3. (c) Social Security No. 498-22-5467

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bettie Gibson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 25th, 1895. (Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Contractor

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

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

16. (a) Informant Mrs. Bettie Gibson
(b) Address 1474 Hamilton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4863 Natural Bridge Blvd.

19. (a) APR 8 1946 (Date received local registrar) (b) J. F. Breseek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1946 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept, 1945, to 4-4, 1946, that I last saw him alive on 4-4, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis Coronary artery (acute.)	10 minutes
Due to: Coronary artery atherosclerosis & angina.	years.
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations: None
Of autopsy: None

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) No
(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 John J Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 4-5-46

(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 John A. Mlinar

Licensed Embalmer No. 4186

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.