

S. No. 2
 M-8-43
 v. 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

18410

FILED MAY 17 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4023**

1. PLACE OF DEATH:
 (a) County **St Louis**
 (b) City or town **St Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **City 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 **Mo.** (b) County _____
 (c) City or town **St Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4332 Ellenwood**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Alexander Gibson**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **1st**
 year **1946** hour **11** minute **10** M.

4. Sex **Male** 5. Color **White** 6. (a) Single **Widower**
 divorced _____
 6. (b) Name of husband or wife **Luce Gibson** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Nov. 29 1872**
 (Month) (Day) (Year)

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

8. AGE: Years **73** Months **5** Days **2**
 If less than one day _____ hr. _____ min. _____

Immediate cause of death _____
 Due to **Carcinoma of Prostate**
with Metastasis Numerous
when he fell in the bath tub
about 11:10 AM on
April 26, 1946 at home
 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.

9. Birthplace **Mo.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **None**

11. Industry or business **None**
 12. Name **Reilly Gibson**
 13. Birthplace **Ky.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Iva Galli**
 (b) Address **4332 Ellenwood**
 17. (a) **Motor** (b) Date thereof **5/4/46**
 (Burial, cremation, or removal) **Desloge Mo** (Month) (Day) (Year)
 (c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accidental**
 (b) Date of occurrence **April 26 1946**
 (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?
Home
 (Specify type of place) _____
 While at work? _____ (Specify type of place) _____
 Means of injury _____
 23. Signature **J. Bredeck** (M. D. or other)
 Address _____ Date signed _____

18. (a) Signature of funeral director **Fendler Und Co.**
 (b) Address **7420 Michigan Ave**
 19. (a) **MAY 3 1946** (b) _____ (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

17200

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 *Oleum E Fendall*

Licensed Embalmer No. *4148*

P. O. Address *Jessie Mc*

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.