

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED JUN 20 1948** STANDARD CERTIFICATE OF DEATH **1003**

State File No. **21769**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4973**

**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:  
6128 COLUMBIA AVE. /  
(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 **317**  
(If outside city or town limits, write "RURAL")

(d) Street No. 6128 Columbia Ave **9**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** OTTO J. GIBBINS

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 1  
year 1946 hour 1 minute 0 A. M.

**21. I hereby certify that I attended the deceased from**  
17 March 1946 to 1 June 1946

**that I last saw him alive on** 1 June 1946  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death:** Coronary thrombosis **Duplicate**  
phle.

**4. Sex** Male **5. Color or race** White

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

**6. (b) Name of husband or wife** LISSIAN GIBBINS

**6. (c) Age of husband or wife if** 57 years  
alive \_\_\_\_\_

**7. Birth date of deceased:** Nov. 21, 1884  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>61</u>	<u>6</u>	<u>10</u>	hr. _____ min. _____

**9. Birthplace:** ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** SALESMAN

**11. Industry or business:** CANDLES

**12. Name:** HENRY GIBBINS **9.**

**13. Birthplace:** DON'T KNOW  
(City, town, or county) (State or foreign country)

**14. Maiden name:** THERESA TREPPER **4**

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

**16. (a) Informant:** Lillian Gibbins

**(b) Address:** 6128 Columbia Ave.

**17. (a) Burial** (b) Date thereof: 6/4/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation:** New S. S. Park & Paul Ch.

**(a) Signature of funeral director:** Frank B. ...

**(b) Address:** J. F. Brede ...

**19. (a) (Date received local registrar)** JUN 20 1948 **(b) (Registrar's signature)** J. F. Brede

**Due to:** Chronic myocarditis **5 yrs**

**Due to:** Chr. Hypertrophic Arteriosclerosis **15 yrs**

**Other conditions:** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** 94

**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)  
(e) Means of injury \_\_\_\_\_

**3. Signature:** Richard Thayer (M. D. or other) MA  
**Address:** 5930 Southwest **Date signed:** June 1948

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

**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..... *Wang A. Plewack* .....

Licensed Embalmer No. *3722* .....

P. O. Address *412 Dusk orquest* .....

**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.**