S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10870

Registrar's No. 3476

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1mo 14das. In this community: 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 26 17

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 918 a Tyler Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: ELEANORE GIBSON

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Frank. Gibson.

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: September 23, 1902 (Month) (Day) (Year)

8. AGE: Years 44 | Months 6 | Days 8 | If less than one day: hr. min.

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

10. Usual occupation: Janitress

11. Industry or business:

MOTHER FATHER

12. Name: Bob Spencer

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

14. Maiden name: Annie T Spencer

15. Birthplace: not known (City, town, or county) (State or foreign country)

16. (a) Informant: Thelma Swigler

(b) Address: 5400 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation: De Soto Mo.

18. (a) Signature of funeral director: Hy. Leidner U/ Co.

(b) Address: 2223 St. Louis Ave.

19. (a) APR 2 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 31 year: 1947 hour: 1:50 minute: P.M.

21. I hereby certify that I attended the deceased from February 17, 1947 to March 31, 1947 that I last saw her alive on March 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Encephalopathy	1947x.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations:

Of autopsy: No

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? (Specify type of place)

While at work? (e) Means of injury: O

23. Signature: Jack R Lidelman (M. D. or other)

Address: 5400 Arsenal St Date signed: 3/31/47.

(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 P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis

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.