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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 286

FILED OCT 1 1947  
306

Registration District No. \_\_\_\_\_ Primary Registration District No. 6048

1. PLACE OF DEATH:  
(a) County St. Charles Co.  
(b) City or town Highway 79 No. of Hwy. 40  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community life years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 96  
(c) City or town Overland Missouri 13  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2412 Gilrose  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JORDAN P. GIBBS  
3. (b) If veteran, name war World War # 2  
3. (c) Social Security No. 494-01-4252

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 19  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that ~~XXXXXXXXXXXX~~ held an inquest  
Sept. 20th 1947, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased: May 15 1919  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage  
Due to \_\_\_\_\_  
an auto accident  
Due to \_\_\_\_\_  
car striking bridge

8. AGE: Years Months Days If less than one day  
35 4 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Perfect Circle CO.

12. Name Jordan C. Gibbs  
13. Birthplace Lincoln Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Virginia Penn  
15. Birthplace St. Louis Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jordan C. Gibbs  
(b) Address 2412 Gilrose Overland

17. (a) Burial (b) Date thereof 9-22-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander S.  
(b) Address 6175 Delmar Blvd

19. (a) 9-22-47 (b) Ea. Kuthley  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 902  
(b) Date of occurrence Sept. 19th, 1947  
(c) Where did injury occur? Hwy. 79-St. Chas. Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
While at work? yes (Specify type of place) car striking bridge  
(e) Means of injury \_\_\_\_\_

23. Signature Wentzville  
Address \_\_\_\_\_ Date signed 9-20-47

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

MOTHER FATHER

NOV 6 1947

Date Filed 9-30-48

District File Number

District Health Officer No. 9

RECEIVED

NOV 17 1948

1047

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 Jos. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6175 Delmar

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.