

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 11 1947

1003

Registration District No. 76938 318

Primary Registration District No. ....

Registrar's No. 9243

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:  
Malcom Bliss 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 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Brown

(c) City or town Versailles  
(If outside city or town limits, write "RURAL")

(d) Street No. ....  
NR (If rural, give location)

(e) Citizen of foreign country? .....

If yes, name country.....

3. (a) PRINT FULL NAME Georgia Alice Gifford

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4  
year 1947 hour 11 minute 25 AM.

21. I hereby certify that I attended the deceased from 8-27-47  
19... to 10-4-47 19...  
that I last saw her alive on 10-4-47  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Ernest B. Gifford 6. (c) Age of husband or wife if alive. Dec'd years

7. Birth date of deceased Dec. 18 1859  
(Month) (Day) (Year)

Immediate cause of death Congestive heart failure Duration

Due to arteriosclerotic heart disease

Due to of 2nd

8. AGE: Years Months Days If less than one day

87 9 16 hr. min.

Other conditions Hemiparesis of undet. cause  
(Include pregnancy within 3 months of death)

Major findings: Senile psychosis

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

10. Usual occupation Housewife

Physician

Underline the cause to which death should be charged statistically.

11. Industry or business .....

12. Name John R. Lewis

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

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

Of operations.....

Of autopsy.....

16. (a) Informant Frank Gifford

(b) Address Ferguson, Missouri

17. (a) Burial/Removal (b) Date thereof 9/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Ill.

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.....

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) OCT 6 1947 (b) J. F. Breuer  
(Date received local registrar) (Registrar's signature)

23. Signature C. E. Boyd (M. D. or other)

Address 1515 Lafayette Date signed 10-6-47

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

MOTHER FATHER

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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 L. M. White

Licensed Embalmer No. 5973

P. O. Address. Ferguson, 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.**