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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2542
Registrar's No. 799

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:
2711 A. Delmar Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2711 A. Cole Street 9
(If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Cora Giboney
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 1, (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	10	20	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name Unknow 9
13. Birthplace Unknow (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknow
15. Birthplace Unknow (City, town, or county) (State or foreign country) 4

16. (a) Informant Helen Gibiney
(b) Address 2711 A. Delmar Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood cem.
18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street
19. (a) JAN 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1948 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from 5 April, 19 47, to Jan, 19 ;
that I last saw her alive on 19 Jan, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 year
Due to coronary arteriosclerosis	[illegible]
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0
23. Signature M. A. Newell (M. D. or other) M.D.
Address 3524 Franklin Date signed 23 Jan 1948

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 45-75 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.