

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18737  
4328  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2039			
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE Hosp. 5800 Arsenal				d. STREET ADDRESS (If rural, give location) 2415 Ecoff Ave					
3. NAME OF DECEASED (Type or Print) a. (First) IDA			b. (Middle)		c. (Last) VEST		4. DATE OF DEATH (Month) (Day) (Year) May 12, 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH FEB. 2, 1861		9. AGE (in years last birthday) 89	IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. FRANCIS Co., Mo.		12. COUNTRY OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JOHN R. GIBSON			13b. MOTHER'S MAIDEN NAME HELEN WILLIAMS		14. NAME OF HUSBAND OR WIFE DECEASED				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGE W. VEST 2415 Ecoff				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 48hrs,	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						4-6 45x	
		DUE TO (b) Due to Hypertensive Cardio vascular Disease							
		DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		HHSX			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 1, 1950, to May 12, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>George W. Vest M.D.</i>				23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 5/12/50			
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 15, 1950	24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. MAY 15 1950		REGISTRAR'S SIGNATURE <i>J. B. Kasater</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.J. OROGHAN 7146 MANCHESTER				

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis 10 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.