

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6118
1653

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

| | | | |
|---|------------------------|---|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | |
| c. LENGTH OF STAY (in this place) 2 Days | | d. STREET ADDRESS (If rural, give location) 1911 N. 9th. St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS | | b. (Middle) Pearl | |
| c. (Last) GIBSON | | 4. DATE OF DEATH (Month) (Day) (Year) FEB. 19 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH July 4, 1884 |
| 9. AGE (In years last birthday) 66 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Gen'l Construct | |
| 11. BIRTHPLACE (State or foreign country) De Soto, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME William Gibson | | 13b. MOTHER'S MAIDEN NAME Nancy Cotner | |
| 14. NAME OF HUSBAND OR WIFE Susie Gibson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Frank Gibson | | ADDRESS St. Louis, MO | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema | | INTERVAL BETWEEN ONSET AND DEATH | |
| *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 | |
| DUE TO (b) Arteriosclerotic Heart Disease | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS | | Pulmonary Fibrosis | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? As of | | | |
| 22. I hereby certify that I attended the deceased from 2-17-51, 19, to 2-19-51, 19, that I last saw the deceased alive on 2-19-51, 19, and that death occurred at 9:45 Am., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Albert M. Higgins, M.D. | | 23b. ADDRESS 1515 Lafayette Avenue | |
| 23c. DATE SIGNED 2-19-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/21/51 | |
| 24c. NAME OF CEMETERY OR CREMATORY Woodlawn | | 24d. LOCATION (City, town, or county) (State) De Soto, MO. | |
| DATE REC'D BY LOCAL REG. FEB 19 1951 | | REGISTRAR'S SIGNATURE J. B. Foster | |
| 25. FUNERAL DIRECTOR'S SIGNATURE g. Lee Mathershead | | ADDRESS De Soto, MO. | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Andrew H England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.

[Handwritten signature]