

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18951

FILED MAY 24 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4465 Registrar's No. 2231

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Hill</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1225 MCKINLEY AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1225 MCKINLEY AVE</u>		d. STREET ADDRESS (If rural, give location) <u>1225 MCKINLEY AVE</u>	

3. NAME OF DECEASED (Type or Print) <u>GENEVIEVE GIBSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1951</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Div</u>
8. DATE OF BIRTH <u>July 12-1890</u>	9. AGE (In years last birthday) <u>60</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>CHAS F. MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA BANKER</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH C. GIBSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>493-01-5406</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph C. Gibson</u> ADDRESS <u>1225 McKinley Ave</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. myocarditis with</u>		ANTECEDENT CAUSES <u>plectropensation</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____			
II. 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 <u>422.2</u>		20. AUTOPSY? YES <input 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)		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 June 1950, to 5-20-51, 1951, that I last saw the deceased alive on 5-18-51, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Tomka</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>45 Central</u>		23c. DATE SIGNED <u>5-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cre</u>		24b. DATE <u>5/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crem</u>	
24d. LOCATION (City, town, or county) <u>St. Louis</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Tomka</u>		24f. ADDRESS <u>St. Louis, Mo. Clayton</u>	
DATE REC'D BY LOCAL REG. <u>5-21-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Tomka</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H. Ropp, Inc.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights*

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.