

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1951

State File No. 21225
5070 Registrar's No.

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 Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 8/		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville		4810	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital				d. STREET ADDRESS (If rural, give location) 7434 Hildesheim Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) JOHN		c. (Last) GIBBS		4. DATE OF DEATH (Month) (Day) (Year) June 1 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23, 1867		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Man-Mo. Pac. RR		10b. KIND OF BUSINESS OR INDUSTRY Man-Mo. Pac. RR		11. BIRTHPLACE (State or foreign country) Mendon, Ill.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Johnathon Gibbs			13b. MOTHER'S MAIDEN NAME Analyze Batel		14. NAME OF HUSBAND OR WIFE Gertrude Gibbs		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Garry McGlasson ADDRESS 4572 Lughborough Av			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Left Femur ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OK P. H. Coroner DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 3-8-51	
19a. DATE OF OPERATION 3-15-1951		19b. MAJOR FINDINGS OF OPERATION Open Reduction Left Femur Pneu.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS - MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 8-1951 3:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in Home E 9 D 30			
22. I hereby certify that I attended the deceased from March 8, 1951 , to June 1, 1951 , that I last saw the deceased alive on June 1, 1951 , and that death occurred at 3:30 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph A. Leubach, M.D.				23b. ADDRESS 1755 S. Grand.		23c. DATE SIGNED 6-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jun. 4, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 1 1951 J. B. Koster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Richard W. Stevenson*

Licensed Embalmer No. *4007*

P. O. Address.....

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.