

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 24619

6662

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

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **ST. LOUIS, MO**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **CITY HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI**
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **1015 DILLON COURT, 2229**
 d. STREET ADDRESS (If rural, give location) **8**

3. NAME OF DECEASED
 a. (First) **THOMAS** b. (Middle) **PATRICK** c. (Last) **GIBSON.**

4. DATE OF DEATH (Month) (Day) (Year)
JULY 24, 1951

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **0**

8. DATE OF BIRTH **JUNE 20, 1942**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **ST. LOUIS, MO**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **JOHN F. GIBSON**

13b. MOTHER'S MAIDEN NAME **LORRAINE CREAMER**

14. NAME OF HUSBAND OR WIFE

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 **CLIFFORD GIBSON 1015 DILLON COURT**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Fr of skull. Subdural hemorrhage**
 ANTECEDENT CAUSES **suffered when struck by tractor trailer operated by Harold Husky in front of apartment 1456 Chouteau Ave**
 II. OTHER SIGNIFICANT CONDITIONS **remained 7:24 pm July 24, 1951**
 Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **Accident**

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, land, factory, street, office bldg., etc.) **at home**

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) **St Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) **July 24 5:24 p.m.**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **car**

22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above. **2.5**

23. SIGNATURE **Joseph M. Sullivan**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **7/26/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **JULY 27, 1951**

24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY**

24d. LOCATION (City, town, or county) (State) **ST LOUIS MO**

DATE REC'D BY LOCAL REG. **JUL 26 1951**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **SULLIVAN BROS, 2849 N EUCLID AVE**

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

good

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.....

Robert L Brinkman

Licensed Embalmer No. *3553*

P. O. Address *St Louis 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.