

REG # 98440
FILED APR 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1004</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ADAMS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>137 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>QUINCY</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>535 NORTH 8TH STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>CARL</u>		c. (Last) <u>GIBBS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 14, 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>9-3-26-22</u>		9. AGE (In years last birthday) <u>29 YRS</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER RESTAURANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PLEVNA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIAM T. GIBBS</u>			13b. MOTHER'S MAIDEN NAME <u>MANDA KENDALL</u>		14. NAME OF HUSBAND OR WIFE <u>DIVORCED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW-II</u>		16. SOCIAL SECURITY NO. <u>499057461</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF BRKS, MO.</u>			
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) <u>CHOLEMIA</u> ANTECEDENT CAUSES <u>POST-HEPATIC CIRRHOSIS</u> 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. _____					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>					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) _____		_____	
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 <u>11-30-51</u> , 19 <u>51</u> , to <u>4-14-52</u> , XXXX that I took care of the deceased XXXX , and that death occurred at <u>5:05P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Diane A. Taylor, M.D.</u>			23b. ADDRESS <u>VET ADM HOSP, JEFF BRKS, MO.</u>		23c. DATE SIGNED <u>4-14-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shelbina, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>4-15-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

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

No. 300
10/48
4200

APR 30 1954

APR 25 1954

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 John S. Hennel
Licensed Embalmer No. 41
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.