

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22029

State File No. ....

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4917 Bulwer</b>	

3. NAME OF DECEASED (Type or Print) <b>Bessie GIBBEAR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27-1952</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>May 8, 1907</b>		9. AGE (In years last birthday) <b>45</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Charleston, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>George Schofield</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Owens</b>	
14. NAME OF HUSBAND OR WIFE <b>John H. Gibbear</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>John H. Gibbear</b>		ADDRESS <b>4917 Bulwer</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>A.C. UREMIA</b>		DUPLICATE (b) <b>A.C. NEPHRITIS</b>				<b>1WK</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <b>A.C. Hepatitis</b>				<b>2 mos</b>	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>TOXIC ENCEPHALITIS</b>						<b>2 mos</b>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>580X</b>	
22. I hereby certify that I attended the deceased from <b>APR 4, 1952</b> , to <b>June 27, 1952</b> , that I last saw the deceased alive on <b>June 27, 1952</b> and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Dr. J. M. ...</b>			23b. ADDRESS <b>4114 W. ...</b>		23c. DATE SIGNED <b>6/29/52</b>

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6/30/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 30 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan's</b>		ADDRESS <b>2849 N. Euclid City</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

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.