

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17473

State File No.

FILED JUN 8 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>548</u>		Registrar's No. <u>1149</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>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Webster Groves</u>		c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		c. CITY OR TOWN <u>Webster Groves</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1424 Ronald Dr.</u>				e. STREET ADDRESS (If rural, give location) <u>1424 Ronald Dr.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSBORNE</u>			b. (Middle) <u>N.</u>		c. (Last) <u>GIBBS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 8, 1899</u>		9. AGE (in years last birthday) <u>54</u> # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Manager-Western Electric Co.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Western Electric Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Gibbs</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brandt</u>			14. NAME OF HUSBAND OR WIFE <u>Beatrice A. Gibbs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>494-10-4682</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beatrice A. Gibbs 1424 Ronald Dr.</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>Ac. Massive Myoc Infarct</u> ANTECEDENT CAUSES <u>Ac. Coronary Occlusion</u> Morbidity 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 <u>Minutes</u> <u>Minutes</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) <u>4201</u>					
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>7/29</u> 19 <u>50</u> to <u>5/15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June</u> , 19 <u>53</u> , and that death occurred at <u>11:20A</u> , from the cause) and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter H. Neger M.D.</u>				23b. ADDRESS <u>3108 S. Grand</u>			23c. DATE SIGNED <u>MAY 17 '54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>May 18 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/17/54</u>		REGISTRAR'S SIGNATURE <u>Walter H. Neger M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

no. 300
0.489

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.....
Signature of Student Embalmer

Signed *Ale C. Hammer*.....

Licensed Embalmer No. *45-3*.....

P. O. Address *St Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.