

FILED JUL 26-1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24569**
Registrar's No. **6295**

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 OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. City Hospital # 1				e. STREET ADDRESS (If rural, give location) 22390 23 1605 Missouri Ave				
3. NAME OF DECEASED (Type or Print) HARRY M. GIBSON			a. (First) HARRY			b. (Middle) M.		
c. (Last) GIBSON			4. DATE OF DEATH July 10, 1954			7. (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 8, 1911		
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brake Operator		10b. KIND OF BUSINESS OR INDUSTRY S.G. ADAMS Met'LWR		11. BIRTHPLACE (City and State or Foreign Country) Wellston, MO.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel A. Gibson		13b. MOTHER'S MAIDEN NAME Jennie Hardison		14. NAME OF HUSBAND OR WIFE Julia Gibson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 499-12-5762		17. INFORMANT'S SIGNATURE OR NAME Samuel A. Gibson				
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Gunshot wound of skull and brain, suffered when shot with gun in the hands of one, Julia Gibson, wife of deceased, who later shot herself in haste at 1605 Missouri Ave. exact time unknown				INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION July 9, 1954 Homicide				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21a. ACCIDENT OR SUICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office, bridge, etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) St. Louis MO		(STATE) _____		
21d. TIME OF INJURY July 9 54 ? a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F981X				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE Patrick J. Rayler Carver				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7-12-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-13-54		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO		
DATE REC'D BY LOCAL REG. JUL 12 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SON'S				
				ADDRESS 3934 N. 20th Street				

(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.....
Signature of Student Embalmer

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *43*

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.