

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42079

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 11454

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE - Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Ladue 4421		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 BARNES HOSPITAL				e. STREET ADDRESS # 3 Bridle Creek Road					
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Donald		c. (Last) Gibbins		4. DATE OF DEATH (Month) (Day) (Year) Dec. 28, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 21, 1891			
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months		10. IF UNDER 24 HRS. Hours		11. BIRTHPLACE (City and State or Foreign Country) Essex, England			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President; Fouke Fur Company.				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William G. Gibbins.			13b. MOTHER'S MAIDEN NAME Harriett Gates.			14. NAME OF HUSBAND OR WIFE Mary Layman Gibbins.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-07-5148		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary L. Gibbins; 3 Bridle Creek Road;					
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) Massive Gastro-Intestinal Bleeding ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Pancreas (primary site) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jejunal Ulcer				INTERVAL BETWEEN ONSET AND DEATH 5 hrs. 3 mos.	
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) (Minute)			
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 Nov. 15, 1955, to Dec. 28, 1955, that I last saw the deceased alive on Dec. 28, 1955, and that death occurred at 12:55 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12/28/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 12-30-1955		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. DEC 29 1955		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons; 7233 Delmar Blvd.,					

(Licensed Embalmer's Statement on Reverse Side)

300
48

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

JAN 21 1956

390

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.....
Clarence H. Murr

Licensed Embalmer No. *401*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.