Health, & Welfare
. Public
n Service

S. 300
. 1-56 3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32056
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8179

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis, Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Enroute City Hospital DOA Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4865 Woodstock Reside on Farm Yes ☐ No ☒

2070

3. NAME OF DECEASED (Type or print)	First: William	Middle: C.	Last: Gibbs	4. DATE OF DEATH Month Day Year: Sept. 1, 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: April 11, 1903	9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packer, Biltmoor	10b. KIND OF BUSINESS OR INDUSTRY: Stge. Co.	11. BIRTHPLACE (City and state or country): Dexter, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Thomas Gibbs		14. MOTHER'S MAIDEN NAME: Ida Ingram		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Navy Peace Time	16. SOCIAL SECURITY NO.: 497-09-9494	17. INFORMANT Address: Cletia Gibbs, 4865 Woodstock		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of Skull and Brain; INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ; DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): self inflicted in basement

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) of Home on September 1st 1956 about 800 pm

20c. TIME OF INJURY Hour ~~a.m.~~ p.m. 800 Month, Day, Year 9 1 56

E976X

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 806 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Salvert J. Taylor	22b. ADDRESS: 800 Clark Ca	22c. DATE SIGNED: 9/4/56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 9-5-56	23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington	25. DATE RECD. BY LOCAL REG.: SEP 4 1956	26. REGISTRAR'S SIGNATURE: Carl Smith MD MJB	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S. Denne

Licensed Embalmer No. 4

P. O. Address St. Lou

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.