

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43070

STATE FILE NUMBER

318

1003

11262

Registration District No. Primary Registration District 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			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Length of stay in lb	d. STREET ADDRESS 516 N. Garrison			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Bennie Lee Gibson				4. DATE OF DEATH Month Dec. Day 8, Year 1956			
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10 Jan. 1905		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Mo. Bapt. Hosp	11. BIRTHPLACE (City and state or country) Monroe La.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Jonas Sewell				14. MOTHER'S MAIDEN NAME Gertrude Horn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.		17. INFORMANT Address Lloyd Gibson 516 N. Garrison			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subacute yellow atrophy of the liver-hepatitis						INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Slight cerebral vascular accident	
DUE TO (c)						1 hour	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 580 x				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Missouri	
21. I attended the deceased from 11/19/56 to 12/8/56 and last saw her alive on 12/8/56 . Death occurred at 9:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE F.R. Bradley (Deceased or title) M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 12/10/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 14 Dec. 1956	23c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.		
24. FUNERAL DIRECTOR ADDRESS Reliable Funeral Sys. 1389 N. Union				25. DATE RECD. BY LOCAL REG. DEC 10 1956		26. REGISTRAR'S SIGNATURE Carl Smith Mo	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, the nearest physician, or other person who has examined the body must certify to a death due to natural causes. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul W. Green*.....

Licensed Embalmer No. *46*

P. O. Address *4739 N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of licensē).

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.