

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44317**
 BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2909**

1. PLACE OF DEATH a. COUNTY St. Louis		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 township) OR TOWN Florissant		c. CITY OR TOWN Florissant	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1140 Aspen Dr.		e. STREET ADDRESS (If rural, give location) 1140 Aspen Dr.	
c. LENGTH OF STAY (in this place) years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) E.	c. (Last) Gibson	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1917	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Selling	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Clifford Gibson	13b. MOTHER'S MAIDEN NAME Irene Burke	14. NAME OF HUSBAND OR WIFE Bernice Jean Gibson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY No. 59-09-9860	17. INFORMANT'S SIGNATURE OR NAME Bernice Gibson	ADDRESS 1140 Aspen Dr.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chrom. Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Failure		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 416x
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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? _____
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22. I hereby certify that I attended the deceased from **May 1, 1954** to **Dec 10, 1956** that I last saw the deceased alive on **Dec 8, 1956** and that death occurred at **10:20 p.m.** from the causes and on the date stated above.

23a. SIGNATURE D. B. Jovan M.D.	(Degree or title)	23b. ADDRESS 539 N. Grand St. St. Louis, Mo.	23c. DATE SIGNED 12/10/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-11-1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 12-10-56	REGISTRAR'S SIGNATURE Derbert R. Dombke	25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros.	ADDRESS 3320 N. Kingshighway
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Fred Frick

Licensed Embalmer No.....3186

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.