FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11133

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2005

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital. Length of stay in 1b 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY
c. CITY OR TOWN St. Louis, Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) #275 Union Blv'd., Reside on Farm Yes ☐ No ✓

32 12

3. NAME OF DECEASED (Type or print) First ETHEL Middle GIBBS Last SPRAGUE.

4. DATE OF DEATH Month Feb'y Day 27, Year 1957.

5. SEX Female.
6. COLOR OR RACE White.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Aug 5-1879
9. AGE (In years last birthday) 77
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) At Home..
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (City and state or country) GRAFTON MASS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME DANIEL NYE GIBBS
14. MOTHER'S MAIDEN NAME MINNIE SLOCOMB

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MRS H. T. HUNGERFORD Address #6 MOSELY LA.

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary arteriosclerosis — ?
DUE TO (c)

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 ☐ NO ✓

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 22 '57 to Feb 27 '57 and last saw her/him alive on Feb 26 '57
Death occurred at 10:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Samuel B Grant M D (Degree or title)
22b. ADDRESS #114 No. Taylor Ave,
22c. DATE SIGNED 2/27/57.

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-1-1957
23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM
23d. LOCATION (City, town, or county) (State) ST. LOUIS, Mo.

24. FUNERAL DIRECTOR ADDRESS C. R. Lupton & Sons, #7233 Delmar Blv'd;
25. DATE RECD. BY LOCAL REG. FEB 27 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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

. Health, & Welfare S. Public th Service
S. 300
v. 1-56

Dr Sam Grant.
Grants Clinic.
#114 N. Taylor Ave.,
JE: 3-8600.
Hours 1 - 5: p.m.

APR 12 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murra

Licensed Embalmer No. 40

P. O. Address St Louis,

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