

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18699

FILED JUN 7 1957

State File No. _____

BIRTH NO. 33596-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4990

1. PLACE OF DEATH
a. COUNTY St. Louis-Mo.
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN St. Louis 13
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital
STREET ADDRESS (If rural, give location) 3857 Aldine

3. NAME OF DECEASED (Type or Print)
a. (First) Pearl b. (Middle) Ethel c. (Last) Gipson
4. DATE OF DEATH (Month) (Day) (Year) May 26, 1957

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH May 26, 1957 9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 11 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George William Gipson
13b. MOTHER'S MAIDEN NAME Frankie Mae Scott
14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Frankie Mae Gipson ADDRESS 3857 Aldine

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - gestation 32 wks
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) placenta previa -
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 7615
20. AUTOPSY? 2
YES NO

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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-26, 1957 to 5-26, 1957 that I last saw the deceased alive on 5-26, 1957 and that death occurred at 12:22 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas J. P... M.D.
23b. ADDRESS Firmin Desloge Hospital
23c. DATE SIGNED 5/27/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5/28/57
24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery
24d. LOCATION (City, town, or county) (State) Lemay, Missouri

DATE REC'D BY LOCAL REG. MAY 28 57
REGISTRAR'S SIGNATURE Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE E. R. ... ADDRESS 1221 N. Grand Blvd.

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

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.....
Licensed Embalmer No. 396
P. O. Address 1221 N. 1st St

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.