

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37458

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No. ....

318

Primary Registration District No.

1003

Registrar

9210

Health,  
Welfare  
Public  
Service

300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis; Mo.</b>		c. CITY OR TOWN <b>St. Louis;</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Firmin Desloge Hosp.</b>		d. STREET ADDRESS <b>4315 Lee Ave</b> (If outside, give location) <b>(15)</b>	
3. NAME OF DECEASED (Type or print) First <b>Emma</b> Middle <b>L.</b> Last <b>Gibbins.</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>1</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 7, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home.</b>	11. BIRTHPLACE (City and state or country) <b>New Memphis Illinois;</b>
13. FATHER'S NAME <b>Louis Osterwisch.</b>		14. MOTHER'S MAIDEN NAME <b>Unknown.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None.</b>	
17. INFORMANT <b>Mr Roy Gibbins;</b>		Address <b>4315 Lee Ave. (15)</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma, Pancreas</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>157x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo</b>
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 type="checkbox"/> NO <input checked="" 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.)		
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	COUNTY STATE
21. I attended the deceased from <b>Jan 1957</b> to <b>Oct 1, 1957</b> and last saw her <sup>him</sup> alive on <b>Sep 30, 1957</b> Death occurred at <b>1:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Walter A. King</b>		22b. ADDRESS <b>416 Wendell</b>	22c. DATE SIGNED <b>10/2/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal.</b>	23b. DATE <b>Oct. 3, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery.</b>	23d. LOCATION (City, town, or county) <b>St. Louis County</b> (State) <b>Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Calvin F. Feutz Funeral Home.</b> <b>4828 Natural Bridge Blvd. St. LOUIS Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 2 57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <b>mfb</b>

(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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Ralph C. Linn* .....

Licensed Embalmer No. 47

P. O. Address *Pl. Linn* .....

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.