

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007135

STATE FILE NUMBER

2 854

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH
a. COUNTY St. Louis
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 Cardinal Glennon Memorial Hospital Length of stay in 1b 4 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY 7
c. CITY OR TOWN Collinsville Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 410 Art street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Clifford Middle Edward Last Gibbar

4. DATE OF DEATH Month 1 Day 22 Year 59

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH 2/3/57

9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.

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

13. FATHER'S NAME Joseph F. Gibbar 14. MOTHER'S MAIDEN NAME Wanda Goodman

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 Joseph Gibbar, Perryville, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Edema
Conditions, if any, which gave rise to above cause (b) Possible Encephalitis
Other cause last (c) Possible Lead Intoxication

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 8859 46

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.)

20c. TIME OF INJURY Hour 7 I 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.) 7 I

20f. CITY, TOWN, OR LOCATION 333 COUNTY STATE

21. I attended the deceased from 4:30 AM 1/22/59, to 6 AM 1/22/59 and last saw her alive on 1/22/59
Death occurred at 6:22 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold J. Nimmer 22b. ADDRESS 50624 Merced Ave 22c. DATE SIGNED 1/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 1-23-1959 23c. NAME OF CEMETERY OR CREMATORY Perryville, Mo. 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR Bay, Perryville, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. JAN 26 59 26. REGISTRAR'S SIGNATURE Carl Smith

(Licensed Embalmer's Statement on Reverse Side)

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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

MEDICAL CERTIFICATION

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..... *Lawrence M. Bille*

Licensed Embalmer No. *43*

P. O. Address..... *St. Louis*

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