URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

2077454 SL 23426 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8647 60-032221 STATE FILE NUMBER

ENDED FILED VS SEP 14 1960

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO. — Length of stay in 1b: 45 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT. — Inside Limits: Yes ☒ No ☐

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) 3143 BELL AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHNNIE Middle (NMI) Last GIBBS
4. DATE OF DEATH: Month SEPTEMBER Day 2 Year 1960
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/10/95
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months 5 Days 22 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): HARISTON, MISS.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MEMPHIS GIBBS
13b. MOTHER'S MAIDEN NAME: BARBARA BANKS
14. NAME OF HUSBAND OR WIFE: ALBERTA GIBBS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 426-01-4390
17. INFORMANT: ALBERTA GIBBS, 3143 BELL, ST. LOUIS, MO. (Address)

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) CARCINOMA OF THE STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 1514
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 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

I attended the deceased from 7/19/60, to 9/2/60 and last saw him alive on 9/2/60

Death occurred at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. HORACK (Degree or title) M.D.
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 9/3/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-8-1960
23c. NAME OF CEMETERY OR CREMATORY: National
23d. LOCATION (City, town, or county): Jefferson Barracks (State): Mo
24. FUNERAL DIRECTOR: JAS H. RANDLE & SON ADDRESS: 3133 Bell Ave
25. DATE RECD. BY LOCAL REG.: SEP 3 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Esther N. Harrin

Licensed Embalmer No. 4 4 3

P. O. Address 4181 Ma

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