

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1962

318

1003

Registrar's No.

1100

STATE FILE NUMBER

-62-008087

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb	c. CITY OR TOWN Maplewood Pk. Cahokia Ill
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 779 Mildred
3. NAME OF DECEASED (Type or print)		First Eula	Middle Marie
		Last Gibson	4. DATE OF DEATH Jan. 24 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1916
		9. AGE (last birthday) 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gorham, Ill
13a. FATHER'S NAME Elmer Stamp		13b. MOTHER'S MAIDEN NAME Lena Welcher	14. NAME OF HUSBAND OR WIFE Charles Gibson
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.	17. INFORMANT Charles Gibson Address Cahokia, Ill
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular fibrillation, mitral stenosis and insufficiency suffered while undergoing surgery</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>(Rheumatic Heart Disease) at Firmin Desloge Hospital</i> DUE TO (b) <i>on January 24, 1962.</i> DUE TO (c) <i>accident</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident 410x			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) see above
20c. TIME OF INJURY Hour a.m. p.m. 12-24-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital		20f. CITY, TOWN, OR LOCATION 18 25 Louis, Mo	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 24 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carol M. Burke</i>		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1-26-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 27, 1962	23c. NAME OF CEMETERY OR CREMATORY Woodbred
24. FUNERAL DIRECTOR Chas. M. Burke		23d. LOCATION (City, town, or county) Gorham, Ill	23e. ADDRESS East St. Louis, Ill
25. DATE RECD. BY LOCAL REG. JAN 25 1962		26. REGISTRAR'S SIGNATURE <i>Carl Smith. M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

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

Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.