

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029961

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7572**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 1 1963

|           |              |  |            |          |                       |                 |             |          |
|-----------|--------------|--|------------|----------|-----------------------|-----------------|-------------|----------|
| VS 300    | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | SHOULD READ | ITEM NO. |
| Rev. 4/59 |              |  |            |          |                       |                 |             |          |
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|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY                                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS</b>   |   | Length of stay in lb<br><b>38 yrs.</b>  | c. CITY OR TOWN <b>ST. LOUIS</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1481a Shawmut Pl.</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>1481a Shawmut Pl.</b>   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LOUISE</b> Middle <b>B.</b> Last <b>GIBSON</b>  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>19</b> Year <b>1963</b>  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widow <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/9/87</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>75</b>   |
| 11. BIRTHPLACE (City and state or country)<br><b>Leland, Ark.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>WILLIAM REDDING</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>CLARA JOHNSON</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>RICHARD GIBSON</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><b>CLARA MCGOWAN, 1481a Shawmut Pl.</b>  |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of the Colon</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma</b>   |   |   |   |
| DUE TO (c) <b>Carcinoma</b> <span style="float: right;"><b>1538</b></span>  |   |   |   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>None</b>   |   |
| 20c. TIME OF INJURY<br>Hour <b>None</b><br>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.)<br><b>None</b>   |   | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. I attended the deceased from <b>June 15, 1963</b> to <b>July 19, 1963</b> and last saw her/him alive on <b>July 18, 1963</b><br>Death occurred at <b>4:30 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |
| 22a. SIGNATURE<br><i>Fraydun Alexander M.D.</i> (Degree or title)   |   | 22b. ADDRESS<br><b>1969 Enright, St. Louis 8, MO</b>  | 22c. DATE SIGNED<br><b>7-22-63</b> (State)  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>7/24/63</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park Cem.</b>   | 23d. LOCATION (City, town, or county)<br><b>St. Louis County, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>CHARLES J. GATES, JR., 4107 Finney</b> ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 23 1963</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Roan Smith, M.D.</i>  |

USE BLACK INK OR TYPEWRITER RIBBON

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

*Raymond Dickson*

Licensed Embalmer No. ~~444~~ 5218

P. O. Address 4107 Finney

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.