

CERTIFICATE OF DEATH

7094

FILED

Register District No. 318 Primary Registration District No. 1003

Registrar's No. _____

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Margaret E. Gibson		2. female		August 2, 1971	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. white		5a. 74		6. Apr. 14, 1897	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. St. Louis		7d. St. Anthony Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri		9. USA		11. Less Gibson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. unk		13a. housewife		13b.	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
14a. Missouri St. Louis		14c. Mehlville		14e. 4046 Nottingham	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Joseph Buff		16. Ellen Rutledge			
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Less Gibson		17b. 4046 Nottingham, Mehlville 29, Mo.			
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) <i>Consecutive Heart failure</i>			
DUE TO, OR AS A CONSEQUENCE OF:		(b) <i>Atherosclerotic Heart Disease</i>			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
		19a. no		19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b. M., 20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.		20f.		20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR TO MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
21a. 1965 present		21c. Aug 2 1971		21d. Did	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR	
22a.		22b.		22c. 8/3/71	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
23a. Wm. F. Leightner, M.D.		23b. <i>Wm. F. Leightner</i>		23c. M.D.	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO. CITY OR TOWN STATE		ZIP	
23d. 2623 Telegraph Rd. St. Louis, Mo. 63125		23e.		23f.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
24a. Removal		24b. Mt. Hope		24c. Lemay, Missouri	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. Aug. 5, 1971		24e. Southern Funeral Home 6322 S. Grand, St. Louis, Mo.			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE APPROVED BY LOCAL REGISTRAR	
25a. <i>James D. Bauer</i>		25b. <i>William J. Benton, M.D.</i>		25c. AUG 5 1971	

73
DECEASED

4000
35
PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 1
10a. 74
10b.
11. 0
12. 1
13. 4123
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

DR. W.M. LEIGHTNER
LEIGHTNER

2623 TELEGRAPH

487-6910

721-4367

1 to 5 Ave

City

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 Don Marler

Licensed Embalmer No. 4430
P. O. Address Watson Woods, MO

6522

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.