

FILED NOV 21 1968

124

STATE FILE NUMBER

68 0046384

CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10338

DO NOT WRITE ON THIS STUB

9. 1  
10a. 80  
10b. 586  
11. 1  
12. 2  
13. 4339  
14. 4  
15. 4  
16. 219a-g  
17. 0  
18. 0  
19. CREDITS  
20.

VS 300  
Rev. 1/68

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

DECEASED—NAME FIRST MIDDLE LAST <b>1 GERTRUDE M. BROWN</b>			SEX <b>2. F</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. NOV. 1, 1968</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>1. WHITE</b>		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS <b>5a 80</b>	UNDER 1 YEAR UNDER 1 DAY MOS. HOURS MIN. <b>5b</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>6 2-4-1888</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>7a. ST. LOUIS, MO.</b>			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>7b. YES 7c. FOUNTAIN HOUSE INC.</b>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>8. ILLINOIS</b>		CITIZEN OF WHAT COUNTRY <b>9. U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>10. WIDOWED</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>11.</b>
SOCIAL SECURITY NUMBER <b>12.</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>13a. AD TAKER</b>		KIND OF BUSINESS OR INDUSTRY <b>13b. NEWSPAPERS</b>	
RESIDENCE—STATE COUNTY <b>14a. MO. 14b.</b>		CITY, TOWN, OR LOCATION <b>14c. ST. LOUIS, MO.</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>14d. YES</b>	STREET AND NUMBER <b>14e. 4335 WEST PINE BLVD.</b>
FATHER—NAME FIRST MIDDLE LAST <b>15. JAMES W. GIBBS</b>			MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>16. ELIZABETH MC CLANAHAN GIBBS</b>		
INFORMANT—NAME <b>17a. NAOMI KING</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>17b. 1019 GEYER AVE., ST. LOUIS, MO.</b>		
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 <b>(a) Cerebral thrombosis</b>					<i>hour</i>
DUE TO, OR AS A CONSEQUENCE OF					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
<b>(b) cerebral arteriosclerosis</b>					<i>year</i>
DUE TO, OR AS A CONSEQUENCE OF					
<b>(c)</b>					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) <b>19a. NO</b>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>19b.</b>					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <b>20a.</b>		DATE OF INJURY (MONTH, DAY, YEAR) <b>20b.</b>	HOUR <b>20c.</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <b>20d.</b>	
INJURY AT WORK (SPECIFY YES OR NO) <b>20e.</b>		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>20f.</b>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <b>20g.</b>		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <b>21a.</b>		MONTH DAY YEAR <b>July 1968</b>	TO MONTH DAY YEAR <b>11-1-68</b>	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>10-31-68</b>	I DID NOT VIEW THE BODY AFTER DEATH. <b>21d.</b>
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. <b>22.</b>					DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <b>21e. 11:00 A.M.</b>
CERTIFIER—NAME (TYPE OF PRINT) <b>23a.</b>		SIGNATURE <b>23b.</b>		OFFICE OR TITLE <b>23c.</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>23d.</b>
MAILING ADDRESS—CERTIFIER <b>23e.</b>		STREET OR R.F.D. NO. <b>1003 Day Parkway</b>		CITY OR TOWN <b>MO</b>	ZIP <b>63117</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a.</b>		CEMETERY OR CREMATORY—NAME <b>24b.</b>		LOCATION <b>24c.</b>	CITY OR TOWN STATE <b>ST. LOUIS, MO.</b>
DATE (MONTH, DAY, YEAR) <b>24d.</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>24e.</b>		ST. LOUIS, MO. <b>SCHUMACHER FUNERAL HOME INC., 3013 MERAMEC ST.</b>	
FUNERAL DIRECTOR—SIGNATURE <b>25a.</b>		REGISTERED—SIGNATURE <b>25b.</b>		DATE RECEIVED BY LOCAL REGISTRAR <b>25c.</b>	
<b>Robert E. Haupt</b>		<b>Joan Smith, M.D.</b>		<b>NOV. 4, 1968</b>	

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

DR NATHAN TIMELMAN  
1005 So BIG BEND  
MAY 1962

**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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St. Louis Mo

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.