

DEC 12 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

37949

Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City..... St. Louis (d) Street No. City Hospital No. 1 St. 10276  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

D. 12198  
140 Guy M/ Dibble  
2642 Eads  
 (a) Residence, No. 23 St. 23 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
MARY DIBBLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 2 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. nil  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER 13. NAME Melville C. Dibble

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER 15. MAIDEN NAME Elsie ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATTHEWS CEM DATE NOV. 28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schurz  
212 1938  
of the av.

20. FILED NOV 28 1938 19 1938  
J. T. Bredeck  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27/38 19

22. I HEREBY CERTIFY That I attended deceased from 11/20/38 11/27/38 19

I last saw h. him alive on 11/27/38 19. Death is said to have occurred on the date stated above, at 7. 15 a m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia, hypostatic  
Broncho

Date of onset

Other contributory causes of importance:  
Prostatic hypertrophy  
Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. Kennedy, M. D.

(Address) City Hospital, No. 1

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *jos B. Vollmer* .....

Licensed Embalmer No. *4014* .....

P. O. Address *3125 Lafayette* .....

**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 this body is not embalmed, above space should be left blank.**