No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36618

Registration District No. DEC 22 1941 791

Primary Registration District No. 1003

Registrar's No. 8847

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 009 77 21

(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")

(d) Street No. 7110 MICHIGAN
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Tibert

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ELIZABETH

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 17 (Day) 1882 (Year)

8. AGE: Years 59 Months Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation LABORER

11. Industry or business RETIRED

MOTHER FATHER

12. Name AUGUST TIBERT

13. Birthplace (City, town, or county) GERMANY (State or foreign country)

14. Maiden name AMELIA PRICE

15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant Rud Tibert

(b) Address 7110 MICHIGAN AV

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 10 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation E. ST LOUIS ILL

18. (a) Signature of funeral director Jos. R. Franklin Jr.

(b) Address 7128 Michigan

19. (a) NOV 8 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7. year 1941 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from November 5. 1941 to November 7. 1941; that I last saw him alive on November 7. 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. M. Earl (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 11/7/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. P. Fredla Jr

Licensed Embalmer No. 925

P. O. Address ST LOUIS MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.