

DEC 22 1941

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8955**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs.
In this community 5 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gas
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 7266 Country Club Dr.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME G. WILLIAM TIBBLES, JR.

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife - - - 6. (c) Age of husband or wife if alive, years 1932

7. Birth date of deceased. April 5th, 1932
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 7 5 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name George W. Tibbles

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Esther M. Schumacher

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Tibbles,

(b) Address 7266 Country Club Dr., Normandy, Mo.

17. (a) Burial (b) Date thereof Nov. 13, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address Natural Bridge

19. (a) NOV 12 1941 (b) J. F. Brudech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1941 hour 8:10 minute 02 M.

21. I hereby certify that I attended the deceased from 11-10-41
1941, to 11-11-41
that I last saw him alive on 11-11-41
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

due to definite heart disease

Due to Intestinalitis

Due to Intestinalitis

Other conditions (Include pregnancy within 3 months of death) 156a

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. C. Jaudon (M. D. or other)

Address 46 Glen Rd. Date signed 11-11-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John A. Melina.....; Registered Apprentice No.....
working under my personal supervision.

Signed.....

John A. Melina

Licensed Embalmer No. *4186*

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