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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40129

FILED JAN 24 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 9843

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution 3700 S Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community City Hosp #1
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17 24 9

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 3700 South Main Str 0
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes name country No Attending Physician

3. (a) PRINT FULL NAME David O. Tibbetts

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex Male 0

5. Color or race Wht.

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

6. (b) Name of husband or wife Esther M. Tibbetts

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased About (Month) (Day) 1906 (Year)

8. AGE: Years 35 Months Unknown Days If less than one day hr. min.

9. Birthplace (City, town, or county) Colorado 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Oswald M. Tibbittes
13. Birthplace (City, town, or county) Mass. 1 (State or foreign country)

MOTHER
14. Maiden name Ella Erickson
15. Birthplace (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Oswald Tibbetts
(b) Address 163 St. George Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13. 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director W. C. Mogdell
(b) Address 1926 Allen Ave.

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 10 year 41 hour 9 minute 39 M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Mitral Stenosis | |
| Due to Cardiac Dilatation | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 92 b | |
| Major findings: Of operations | |
| Of autopsy 92 a | |

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 James L. Fitzsimmons Coroner (M. D. or other)
Address 1300 S Park Date signed 12/11/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Alle

**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.**