

FILED DEC 13 1943

Registration District No. **818**

Primary Registration District No. **1003**

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

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 10 days  
In this community 23 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rena Bibb

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

4. Sex F 3 5. Color or race C 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7. Birth date of deceased Dec 23 23 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 11 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Sedalia Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mose White

13. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant 2322 Pine Estella Jackson

(b) Address Burial

17. (a) Burial (b) Date thereof 1 Dec 2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton

19. (a) DEC 1 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, 2117  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2322 Pine  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28,  
year 1943 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from October  
18, 1943 to November 28, 1943

that I last saw her alive on November 28, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Gangrene right leg 3 weeks  
(Include pregnancy within 3 months of death)

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) (e) Means of injury \_\_\_\_\_

23. Signature S. E. Smith (M. D. or other) 2601 Whittier Date signed 11/29/43

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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, ~~and by~~ *Me*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Clark Young*

Licensed Embalmer No. *3371*

P. O. Address *St Louis*

**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.