

No. 2  
2-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34935

FILED NOV 12 1946

State File No. \_\_\_\_\_  
Registrar's No. **9333**

Registration District No. **318** Primary Registration District No. **1003**

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-Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days**  
(Specify whether years, months or days) **36 YRS.**

3. (a) PRINT FULL NAME **EARL C. BIBB**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** ( ) 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **Emily** 6. (c) Age of husband or wife if alive **67** years  
7. Birth date of deceased **OCT 3<sup>RD</sup> 1879**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **0** Days **26**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **MONTGOMERY City Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **CONDUCTOR**

11. Industry or business **Mo Pac. RR.**

12. Name **MANLON A. BIBB**

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

14. Maiden name **ELIZ BETH HEATH**

15. Birthplace **GASCONADE Co. Mo. U**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. B. T. BIBB**

(b) Address **4515 FLAD AV**

17. (a) **REMOVAL** (b) Date thereof **10-31-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WORTHVILLE NY**

18. (a) Signature of funeral director **SCHRADER FUNERAL**

(b) Address **BALLWIN Mo. HOME**

19. (a) **OCT 31 1946** (b) **J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**  
(c) City or town **ST. LOUIS** **17 17 9**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4515 FLAD AV**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29th**  
year **1946** hour **10:31** minute **A** M.

21. I hereby certify that I attended the deceased from **10/25/46**  
to **Oct. 29th**, 19 **46**  
that I last saw him alive on **Oct. 29th**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Intra-cerebral hemorrhage**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **8/3**

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?

While at work? **Yes** (Specify type of place) **grocery** injury **U**  
23. Signature **1515 Lafayette** **10/29/46**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

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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, or by.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No..... *3917*

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.**