V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33270

FILED SEP 29 1947

Registration District No. 3/7

Primary Registration District No. 6076

Registrar's No. 1938

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Admn. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Morgan 999
(c) City or town Jacksonville 11
(If outside city or town limits, write "RURAL")
(d) Street No. 520 So. Fayette 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country --

3. (a) PRINT FULL NAME BIBE, Obee

3. (b) If veteran, name war WW-2

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased Feb. 10, 1911 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	7	2	hr. min.

9. Birthplace Paynesville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business -

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknwon
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar
(b) Address Vets.Admn.Hosp.,Jeff.Bks.,Mo.

17. (a) Removal (b) Date thereof 9/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jacksonville, Ill.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) 9-15-47 (b) [signature] MO
(Date received local registrar) (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12
year 1947 hour 12:30 minute P.M.

21. I hereby certify that I attended the deceased from August 28, 1947, to September 12, 1947;
that I last saw him alive on September 12, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death LOBAR PNEUMONIA	Unknown
Due to -	
Due to -	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy See cause of death

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 0

23. Signature L.E. Stilwell (M. D. or other)
L.E. STILWELL, M.D., Clinical Director
Address VAH, Jefferson Brks., Mo. Date signed 9/13/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1947

OCT 6 1947

JUL 21 1952

SEP 29 1947

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 Thomas J. Gates Registered Apprentice No. ....., working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 41 07 Finney Avenue

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.