No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17395

FILED MAY 26 1948

Registration District No. 618

Primary Registration District No. 1003

Registrar's No. 4521

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: 4211 W. Evans
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4211 W Evans 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 11 0

If yes, name country —

3. (a) PRINT FULL NAME Inez Bibbs

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex F. 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Walter Bibbs

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased ~~[illegible]~~ (Month) Apr. 3 (Day) 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	1	6	hr. min.

9. Birthplace Clarksville (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Parish
13. Birthplace unk (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Lucy
15. Birthplace unk (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Meredia Randle
(b) Address Denver, Colo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Mtn Co
(b) Address 4303 Denver

19. (a) MAY 14 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 10, 1948, to May 9, 1948, that I last saw her alive on May 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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) Nature of injury

23. Signature A. L. Bradford (M. D. or other)

Address 1005 N Jeffersonville Date signed May 12 '48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Carter 12-3
Biddle
LS E 100
2425 Biddle ~~Carter~~

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 Vora Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 2618 Bidleglo

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.

No. 2B
3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 314 Primary Registration District No. 1003 Registrar's No. 4521

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:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Inez Bibbs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 3 (Day) 1888 (Year)

8. AGE: Years 61 Months Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)
JUN 3 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 9
year 1948 hour minute 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	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

Sr 11395