

No. 300  
M-10-47  
v. 5-17-39  
I 3906

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42121  
State File No. \_\_\_\_\_  
Registrar's No. 2752

FILED DEC 31 1948  
Registration District No. 517

Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(c) Name of hospital or institution: Veterans Administration Hospital  
(d) Length of stay: In hospital or institution 41 Days  
In this community 4 years

3: (a) PRINT FULL NAME STIBAL, William J.  
3: (b) If veteran, name war SPAW  
3: (c) Social Security No. Unknown  
4. Sex Male 5. Color or race White  
6: (a) Single, widowed, married, divorced Married  
6: (b) Name of husband or wife Louise  
6: (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased February 18 1880

8. AGE: Years 68 Months 9 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri

10. Usual occupation City fireman

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

MOTHER FATHER { 12. Name unknown  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown

16. (a) Informant Registrar VA Hospital  
(b) Address Jeff Brks, Mo.

17. (a) Burial (b) Date thereof 11-29-1948  
(c) Place: burial or cremation National

18. (a) Signature of funeral director W. Stibell  
(b) Address 1926

19. (a) 11-29-48 (b) William J. Stibal  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 3822 Chippewa  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November 26, 1948  
year 1948 hour 2:52 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from October 16, 1948 to November 26, 1948  
that I last saw him alive on November 26, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cardiac Failure  
Lobar pneumonia, rt. lower

CONTRIBUTORY CAUSES: Old myocardial infarct  
Recent and old infarct kidneys.

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy see above

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? \_\_\_\_\_  
(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 W. Stibell (M. D. or other) \_\_\_\_\_  
Address VAH, Jeff Brks, Mo. Date Signed 11/27/48

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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 Benj. J. Duran  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen

**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.**