

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19E Lockwood 1949
State File No. 144-1248
Registrar's No. 1248

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>917</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>1248</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission.) a. STATE <u>mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>irkwood</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>irkwood</u>		96		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4107. Woodlawn.</u>				d. STREET ADDRESS (If rural, give location) <u>4107. Woodlawn</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chase</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Tibbatts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1949</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 14 1867</u>		9. AGE (in years last birthday) <u>82</u>	10. MONTHS <u>1</u>	11. DAYS <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Thomas Brown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Edwin Tibbatts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. P. H. Hall Kirkwood Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Hypertensive Heart Disease</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				-				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>7/19</u> , 19 <u>49</u> , to <u>7/30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7/30</u> , 19 <u>49</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Charles C. Drace M.D.</u>				23b. ADDRESS <u>19E Lockwood</u>		23c. DATE SIGNED <u>7/30/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 1 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Chicago Ill.</u>		
DATE REC'D BY LOCAL REG. <u>7-31-49</u>		REGISTRAR'S SIGNATURE <u>Robert R. Wankel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis A. Bopp Inc.</u>		ADDRESS <u>Kirkwood Mo.</u>		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Peter B. Dubrouillet

Licensed Embalmer No.

3691

P. O. Address

Richmond Heights

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.