

No. 300  
10-48  
FILED JUN 2 1950THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH19001  
State File No. 1246  
Registrar's No. 1246

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1246			
1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mehlville		c. LENGTH OF STAY (In this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mehlville		4870			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4204 Lemay Ferry				d. STREET ADDRESS (If rural, give location) 4204 Lemay Ferry 1					
3. NAME OF DECEASED (Type or Print) Matilda			a. (First)		b. (Middle)		c. (Last) Tibe		
4. DATE OF DEATH May 14, 1950		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED 2		8. DATE OF BIRTH Oct. 23, 1879	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D.		11. BIRTHPLACE (State or foreign country) St Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME James Van Luke	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Deed.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Royal Tibe		ADDRESS 6162 Leona		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH 17 mos.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 no operation 420.0						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-3, 1949, to 5-14, 1950, that I last saw the deceased alive on 5-13-1950, and that death occurred at 11 a. m., from the causes and on the date stated above.		23a. SIGNATURE R.V. Powell M.D.	
23a. SIGNATURE R.V. Powell M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 5/16/50		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/17/50		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons	
DATE REC'D BY LOCAL REG. 5-16-50		REGISTRAR'S SIGNATURE Herbert K. Wombe		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons		ADDRESS 7027 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed W. G. Peterson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3767

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.