

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29313

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6889**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute City Hospital** e. STREET ADDRESS (If rural, give location) **6206 Victoria Ave.** 2046

3. NAME OF DECEASED a. (First) **GEORGE** b. (Middle) **H.** c. (Last) **WIBER** 4. DATE OF DEATH (Month) (Day) (Year) **July 23 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widower** 8. DATE OF BIRTH **Nov. 12, 1882** 9. AGE (In years last birthday) **73** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Watchman-Hell Packing Co.** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Wiber** 13b. MOTHER'S MAIDEN NAME **Elizabeth Suddeck** 14. NAME OF HUSBAND OR WIFE **Late Theresa F. Wiber**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **494-05-1368** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Margaret Haenichen 6206 Victoria Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*  
*Dislocation of 1st on the 2nd cervical; Fracture of both bones of left leg; upper third.*  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
*suffered when struck by automobile operated by one Edwin Ray Humphrey, in front of 2046 Victoria Ave., around 10:50 pm.*  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death and not related to the disease or condition above.  
*July 23, 1956.*

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 23 56 10:50** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **000**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:57** a.m., from the causes and on the date stated above.

23a. SIGNATURE *Patricia Taylor Carner* (degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **7.24.56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** AND DATE **July 27, 1956** 24c. NAME OF CEMETERY, OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUL 24 1956** REGISTRAR'S SIGNATURE *Carl Smith MO* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *William B. White* .....

Licensed Embalmer No. *429*

P. O. Address *428 N. Kingsley*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.