

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027689  
State File No.

FILED JUL 21 1958

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 542

Registrar's No. 1836

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Ferguson</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson</b>		d. STREET ADDRESS (If rural, give location) <b>4119 0 325 Tiffin Ave.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>325 Tiffin Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anne</b> b. (Middle) <b>Sibley</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>7/9/58</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/10/80</b>		9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Iola, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Samuel Marshall</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Neal</b>		14. NAME OF HUSBAND OR WIFE <b>Harry Sibley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>UNK.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edwin Sheridan</b> ADDRESS <b>507 Wesley Ave.</b>		
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.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>4200</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>5 yrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) 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 <b>June 29, 1958</b> , to <b>July 9, 1958</b> , that I last saw the deceased alive on <b>July 6, 1958</b> , and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Charles E. Martin M.D.</b>			23b. ADDRESS <b>111 Church St. Ferguson</b>		23c. DATE SIGNED <b>7/10/58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/12/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-11-58</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>White-Mullen</b> ADDRESS <b>118 N. Florissant Rd.</b>	

*H. Martin*

**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 *Eleonore* \_\_\_\_\_

Licensed Embalmer No. *3403* \_\_\_\_\_

P. O. Address *Jennings* \_\_\_\_\_

**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.