

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1961

318

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-61-002836

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips		d. STREET ADDRESS (If outside, give location) 5904 Delmar	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GUY Middle C. Last BIBB			4. DATE OF DEATH Month 1 Day 4 Year 61
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9/25/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 71
11. BIRTHPLACE (City and state or country) Owensburg, Ky.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George M. Bibb		13b. MOTHER'S MAIDEN NAME Sarah Vargenson	14. NAME OF HUSBAND OR WIFE -----
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.	17. INFORMANT Lilly Patterson, 6805 Parkwood Pl
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured leg (right); fractured left ankle; Chronic interstitial nephritis; following injuries suffered when struck by car operated by one Edward A Yawitz in the vicinity of Delmar and Hamilton about 11:00 P.M. Dec 12, 1960.			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Chronic interstitial nephritis; following injuries suffered when struck by car operated by one Edward A Yawitz in the vicinity of Delmar and Hamilton about 11:00 P.M. Dec 12, 1960.			
DUE TO (c) Fractured leg (right); fractured left ankle; Chronic interstitial nephritis; following injuries suffered when struck by car operated by one Edward A Yawitz in the vicinity of Delmar and Hamilton about 11:00 P.M. Dec 12, 1960.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stated in the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above	
20c. TIME OF INJURY Hour 11:00 a.m. / p.m. Month, Day, Year 12-13-60			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION St Louis, Mo	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul J. Simon (Degree of title) Coroner		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1/4/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/7/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope	23d. LOCATION (City, town, or county) St. Louis County, Mo.
24. FUNERAL DIRECTOR John L. Ziegenhein & Sons, 7027 Gravois		25. DATE RECD. BY LOCAL REG. JAN 4 1961	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

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

Arnold Benz

Licensed Embalmer No. _____

4863

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.