

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
 Township ..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. 2754 A Park Ave.) St. .... Ward)

File No. 21257  
 Registered No. 5037  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2754 A Park Ave. St. .... Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>90</u>	<u>9</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Henry W. Bibb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Judith Munday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Mrs. Clyde Naunheim  
 (ADDRESS) 2754 A Park Ave

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bethania Cem. DATE June 9, 1933

19. UNDERTAKER E. J. Schuur  
 (ADDRESS) 3125 Lafayette Ave

20. FILED 11/19/33  
J. B. Sealeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6. 6 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1933, to 6-6, 1933  
 I last saw him alive on 6-6, 1933. Death is said to have occurred on the date stated above, at 11:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
chr. Int. Nephritis Date of onset 6 mos  
131  
Arteriosclerosis 6 mos  
 Other contributory causes of importance:  
Arteriosclerosis  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Otto T. Walsler, M. D.  
 (Signed) Otto T. Walsler  
 (Address) 2904 Park Avenue

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

