

AUG 9 1935

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

Do not use this space.

24389

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 2323, Maiden Lane) St. Ward) Registered No. **5760**

2. FULL NAME William H. Tibbles

(a) Residence, No. 2323 Maiden Lane St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
82 0 8

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

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

10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME William Tibbles14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Elizabeth Woods16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT George F. Tibbles
(ADDRESS) 4033a Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zion Cemetery DATE July 6, 1935

19. UNDERTAKER Wm. M. Schumacher
(ADDRESS) 4834 Natural Bridge20. FILED UL - 5 1935

J. A. Predeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935 to July 3, 1935
I last saw him alive on July 2, 1935 Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia 7/1/35 Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:
Hemiplegia left side
Hypertension
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Yes

If so, specify.....

(Signed) J. A. Predeck, M. D.

(Address) 2327 N. Market St.

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.

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

