1939 REC'D MAY 11 1939

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

16131
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township — Primary Registration District No. 11 — Registered No. 668

(c) City or Town Richmond Heights — (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

14-16

2. PRINT FULL NAME Ida Hibler

(a) Residence, No. 7061 MelRose Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-18-1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife

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

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) Crawford Co. Mo. O

FATHER

13. NAME W.G.Self

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo. O

MOTHER

15. MAIDEN NAME Elizabeth unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England

17. INFORMANT Walter Hibler
(ADDRESS) 7061 Melrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steelville Mo. DATE 4-14-1939, 19

19. FUNERAL DIRECTOR (NAME) Alexander and Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED APR 13 1939 G.R. Meyer M.D. Local Registrar.

B.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1939, 19

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936, to April 12, 1939, I last saw her alive on April 12, 1939. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Hemiplegia Cerebrovascular
Hemorrhage Infarction
from Leg ulcer.

Date of onset

Other contributory causes of importance: None

153

Name of operation? None Date of
What test confirmed diagnosis? Was there an autopsy?

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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Peter J. Reilly, M. D.
(Address) 6125 Bartmer

(Licensed Embalmer's Statement on Reverse Side)

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.

P. J. ~~Ritley~~ Reilly

6125 Bartmer

Ca 5187

9:30 - 11:00

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, Jos E McCulloh, or by

Registered Apprentice No....., working under my personal supervision.

Signed Jos E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.