DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38017

DEC 13 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 9856

**1. PLACE OF DEATH:** 1003

(a) County 1

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years, (Specify whether
In this community 3 months & 1 day
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Isabel Libby 100

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife Geo. Wimer

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April (Month) 1 (Day) 1852 (Year)

8. AGE: Years 87 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Vincennes (City, town, or county) Ind. (State or foreign country)

10. Usual occupation None 1

11. Industry or business 2

FATHER
12. Name Oliver Libby
13. Birthplace Unknown (City, town, or county) Canada 1 (State or foreign country)

MOTHER
14. Maiden name Anna Cardinal
15. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)

16. (a) Informant's own signature J. H. Sullivan
(b) Address 5800 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-39 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY 11/20/39

18. (a) Signature of funeral director Cullen Kelly
(b) Address 7416 N. Taylor

19. (a) NOV 19 1939 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 7
year 1939 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 6, 1939, to Nov. 7, 1939
that I last saw her alive on Nov. 7, 1939
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Degenerative Heart Disease | |
| Due to: Arteriosclerosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy: Same | |

93C

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. S. Bogalio M. D. (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

50M-5-17-39
Rev. 5-17-39
1 X19511

## 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 myself, Registered Apprentice No. —, working under my personal supervision.

Signed Raymond E. Dehnke

Licensed Embalmer No. 3985

City License #180

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