No. 2
11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13217

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 3419

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 3 (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 372 N. Boyle Ave. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Josie Tibbs. 120

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 Widow

6. (b) Name of husband or wife Walter Tibbs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 4 (Month) 1875 (Day) (Year)

8. AGE: Years 65 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation At Home 9

11. Industry or business _____ 9 95

MOTHER FATHER

12. Name Dont Know 9
13. Birthplace _____ (City, town, or county) Dont Know (State or foreign country)

14. Maiden name Dont Know
15. Birthplace _____ (City, town, or county) Dont Know (State or foreign country)

16. (a) Informant Jesse Brown
(b) Address 4954 Wellington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Kentucky

18. (a) Signature of funeral director Cullinane Bros
(b) Address 1710 N. Grand Blvd.

19. (a) APR 15 1940 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April, day 14, year 1940, hour 3, minute 00 P. M.

21. I hereby certify that I attended the deceased from April 14, 1940 to April 14, 1940 that I last saw he alive on 3:00 PM April 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation with pulmonary edema — Duration

Due to _____

Due to _____

Other conditions Fractured hip right in fall on Kentucky about one year ago. Limited mobility. Slipped and fell. Relative Home. (Include pregnancy within 3 months of death)

Major Incurred Operations _____ Of injuries _____

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 About year ago 4/15/39
(c) Where did injury occur? Fulton Kentucky (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fall.

23. Signature William Bergman (M. D. or other) M.D.
Address 3720 Washington Date signed 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. May
3720

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

Signed Fred Frick

Licensed Embalmer No. 3186

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.