

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community 10 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2314 Carr Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11  
year 1941 hour 11:00 minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 10-7-  
1941 to 10-11- 1941  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Ulcer Duration 4 days  
Comp. Prostatitis  
oper 1 year

Due to \_\_\_\_\_  
Due to 117a  
Other conditions Prostatitis, chronic  
(Including pregnancy within 3 months of death)  
non-cancerous

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. F. Bricker (M.D. or other) \_\_\_\_\_  
Address 1004 Jefferson Ave Date signed 10-13-41

3. (a) PRINT FULL NAME Joseph Westly Bibbs

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-05-0543

4. Sex M. 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maudie Bibbs 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Dec. 23, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 9 18 hr. min.

9. Birthplace Memphis, Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Wm. Bibbs

13. Birthplace Memphis, Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Erlan  
15. Birthplace Memphis, Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie Bibbs  
(b) Address 2314 Carr St.

17. (a) Burial (b) Date thereof 10-17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Demetrius  
(b) Address 2629-31 Cole Street

19. Oct 16 1941 (Date received local registrar) (b) J. F. Bricker (Registrar's signature)

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

**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..... *F. A. Green* .....

Licensed Embalmer No. *2963* .....

P. O. Address..... *2915 Franklin* .....

**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, fact should be so stated above.**