S. No. 2
M—5-42
v. 5-17-39
X3297

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8465

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 2532

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:
1427 Laurel Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACEASED: 000 12 9 6

(a) State Mo. (b) County .....

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

(d) Street No. 1427 Laurel Ave.,
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nettie Alice Kibbey.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wm. S. Kibbey

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

7. Birth date of deceased April 28, 1863.
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Wm. H. Campbell
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amenda Miller
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. S. Kibbey
(b) Address 1427 Laurel Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19/43. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter Cem.,

18. (a) Signature of funeral director Jos. W. Clark,
(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 18 1943 (Date received by local registrar) (b) J. J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16 year 1943 hour 7.05 minute A.M. M.

21. I hereby certify that I attended the deceased from Mar-16, 1943, to Mar-16, 1943 that I last saw her alive on Mar-16-43, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	Hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) no
(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 J. P. Hale (M. D. or other)
Address 4903 Delmar Date signed 3/16/43

MAR 16 1943

(Licensed Embalmer's Statement on Reverse Side)

Dr. T.H.Hale

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.....

Licensed Embalmer No. 3225

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, fact should be so stated above.