

ED APR 26 1943

Registration District No. ~~3069~~

Primary Registration District No. 3069

Registrar's No. 804

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town RICHMOND HEIGHTS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6427 CLAYTON RD. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME HARRY E. HIBBELER

3. (b) If veteran, name war NO  
3. (c) Social Security No. 498-03-7195

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife THERESA E. HIBBELER  
6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased AUGUST 8 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation AUDITOR

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

MOTHER FATHER {  
12. Name HENRY HIBBELER  
13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name MINNIE HELBING  
15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theresa E. Hibbeler  
(b) Address 6427 Clayton R.D.

17. (a) BURIAL (b) Date thereof APRIL 5 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schner  
(b) Address 3125 LAFAYETTE AV.

19. (a) APR 5 1943 (b) E. J. McDevon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. L.  
(c) City or town ST. L.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6427 CLAYTON RD.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1943 hour 5 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from May 1  
1943 to Apr 1 1943  
that I last saw him alive on Apr 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Duration  
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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature E. J. Schner (M. D. or other)  
Address 1446 Woodman St. Date signed 4-2-43

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

76  
88

APR 22 1942

JUN 6 1945

SEP 25 1944

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 jos B. Vollmer  
Licensed Embalmer No. 4014  
P. O. Address 3125 Sakuytsean

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.