

Registration District No. **18**

Primary Registration District No. **1003**

Registrar's No. **8479**

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

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:
City Sanitarium
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution **18 yrs 6 mos 18 das.**
(Specify whether years, months or days)
 In this community **34 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **13 000 17**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL.")
 (d) Street No. **5400 Arsenal**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **W INIERED KNIBB**

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

7. Birth date of deceased **September 23 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	60	-	1	hr. _____ min.

9. Birthplace **unknown Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **unknown Richards ILLINOIS**

12. Name **unknown Richards ILLINOIS**

13. Birthplace **unknown Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbetta Young**

15. Birthplace **unknown England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thelma A. Singler**

(b) Address **5400 Arsenal St**

17. (a) **Burial** (b) Date thereof **9/27/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bunker Hill, Ill.**

18. (a) Signature of funeral director **L. M. White**

(b) Address **Ferguson, Missouri**

19. (a) **SEP 25 1943** (b) **J. J. Deed**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sep't** day **24**
 year **1943** hour **9:05** minute **A. M.**

21. I hereby certify that I attended the deceased from **7-1-1936**, 19____, to **Sep't 24**, 19**43**
 that I last saw her alive on **Sep't 24**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Hearts Disease 1936**
Generalized Arteriosclerosis 1936x

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy **yes**

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 **Walter H. Moore** (M. D. or other) **MD**
 Address **5400 Arsenal St** Date signed **9/24/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *L. M. White*
Licensed Embalmer No. *3973*
P. O. Address *Ferguson, 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.