. S. No. 2
0M—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18111

FILED JUN 4 1945

Registration District No. 3707 Primary Registration District No. 3063 Registrar's No. 1871

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6427 CLAYTON RD.
(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 DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town CLAYTON
(If outside city or town limits, write "RURAL")
(d) Street No. 6427 CLAYTON RD.
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME THERESA E. HIBBELER.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) ~~Single,~~ widowed, ~~married, divorced~~ WIDOW
6. (b) Name of husband or wife Harry E. Hibbeler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DECEMBER 25 - 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 5 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSE KEEPER.
11. Industry or business OWN.
MOTHER FATHER
12. Name MICHAEL MARREN.
13. Birthplace IRELAND. (City, town, or county) (State or foreign country)
14. Maiden name MARY ANN McDONALD
15. Birthplace MISSOURI (City, town, or county) O (State or foreign country)
16. (a) Informant Mrs. Cecilia Barry
(b) Address 6427 Clayton Rd.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 3 1945 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEMETERY
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) MAY 7 1945 (Date received by local registrar) (b) E. G. McLaughlin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1945 hour 9 minute 50 P.M.
21. I hereby certify that I attended the deceased from 4-15-45 to 4-30-45 that I last saw her alive on 4-29-45 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Diabetes
Due to Mitral Stenosis
Due to Ch. Nephritis
61
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)
(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 H. B. Dr. Clay (M. D. or other)
Address 1446 So. Broad Date signed 5-2-45

(Licensed Embalmer's Statement on Reverse Side)

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 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.