V. S. No. 2
00M—5-43
Rev. 5-17-39
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

FILED AUG 3 1945

State File No. 21837

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6594

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: Lutheran Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 (Specify whether

In this community Nine Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4359 Taft Ave. 915 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Dibble

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 Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feby (Month) 15 (Day) 1877 (Year)

8. AGE: Years 68 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Granville (City, town, or county) New York (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Oscar Dibble
13. Birthplace Granville (City, town, or county) N. Y. (State or foreign country)

MOTHER
14. Maiden name Laura M. Brown
15. Birthplace Granville (City, town, or county) N. Y. (State or foreign country)

16. (a) Informant Mrs. H. F. McElroy

(b) Address Senate Apt.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Bl.

19. (a) JUL 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1945 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 24, 1945 to July 24, 1945 that I last saw her alive on July 22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Heat Prostration — Duration 2 hrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 191.2

Major findings:
Of operations 19

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 W. A. Ohlfing (M. D. or other)

Address 4727 Gravois Date signed 7/26/45

(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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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.