

S. No. 2  
DM-2.43  
v. 5-17-39  
X35697

6435

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 3 1947

Registrar's No. 1831

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4920a Kemper Park /  
(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)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4920a Kemper Park  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Selma Dorothy Hibbeler

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22nd  
year 1947 hour 2:00 minute \_\_\_\_\_ A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Julius

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug. 28 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1, 47  
to Feb. 22 1947

that I last saw h. er alive on Feb. 21 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

48	5	24	_____ hr. _____ min.
----	---	----	----------------------

Immediate cause of death Carcinoma Breast Duration 12 yr

9. Birthplace Osage County Mo. 0  
(City, town, or county) (State or foreign country)

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

Due to Carcinomatous to Metastasis Lungs 1 year

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

10. Usual occupation Housework

Major findings: 50

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically:

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

12. Name John C. Roehl 9

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

14. Maiden name Mathilda Unknown 9  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Julius Hibbeler

(b) Address 4920a Kemper Park

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? \_\_\_\_\_

17. (a) Removal (Mtr.) (b) Date thereof 2 25 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

23. Signature Gustav Dahms (M. D. or other) \_\_\_\_\_  
Address 14 N. 25th Grand Date signed 2-22-47

19. (a) FEB 23 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

1452

---

---

**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 Richard W. Stovesand  
Licensed Embalmer No. 4007

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.**