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FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15721

Registrar's No.

4389

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

318

(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:
4319 N. Newstead Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Walter H. Tibbles

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Grace Tibbles 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased April 21, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 0 8 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Production Manager

11. Industry or business Wagner Electric Co.

12. Name William H. Tibbles

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Wheadon

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Grace Tibbles

(b) Address 4319 N. Newstead Ave.

17. (a) Burial (b) Date thereof May 1, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) APR 30 1947 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

100

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4319 N. Newstead Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th
year 1947 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 1-31-1947 to 4-29-1947
that I last saw him alive on 4-25-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung

Due to _____

Due to _____

Other conditions H7
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (a) Means of injury _____

23. Signature Carl H. Reis (M. D. or other)

Address Humboldt Blvd Date signed 4-29-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1
Humbrecht's Case
Grand & Washington
11-3 PM

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 A. Melnar

Licensed Embalmer No. 4186

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.