

No. 2  
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X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 1 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **15789**  
Registrar's No. **3981**

Registration District No. **318** Primary Registration District No. **1003**

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:  
**4154 Greenlea Pl.**  
(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..... **Missouri** (b) County..... **St. Louis**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No..... **4154 Greenlea Pl.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Margie Wibbenmeyer**  
3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **16th**  
year **1947** hour **10** minute **17**  
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

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..... **April 21, 1943**  
(Month) (Day) (Year)

that I last saw h..... alive on....., 19....., and that death occurred on the date and hour stated above.  
Immediate cause of death **Strangulation due to hanging while playing around the Agarenella seat of No. 1044**  
Died.....  
by the leg of the chair by the hook in the room 4154 Greenlea Pl. St. Louis Mo. 10/16/47  
Other conditions (include previous, within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

8. AGE: Years Months Days If less than one day  
**3** **11** **20** hr. min.  
9. Birthplace..... **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation..... **Child**  
11. Industry or business.....  
12. Name..... **Herbert L. Wibbenmeyer**  
13. Birthplace..... **Biehle Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Kavem Evers**  
15. Birthplace..... **Vienna, Mo.**  
(City, town, or county) (State or foreign country)  
16. (a) Informant..... **Herbert L. Wibbenmeyer**  
(b) Address..... **4154 Greenlea Pl.**  
17. (a) **Burkal** (b) Date thereof **4/17/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Biehle, Mo.**  
18. (a) Signature of funeral director..... **Math Hermann & Son, Inc.**  
**2161 East Fair Ave**  
(b) Address.....  
19. (a) **APR 17 1947** **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)..... **Accident**  
(b) Date of occurrence..... **10/16/47**  
(c) Where did injury occur?..... **at home**  
(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) (c) Means of injury.....  
23. Signature..... **Dr. E. J. ...** (M. D. or other)  
Address..... Date signed..... **4/17/47**

**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 *Gustav W. Dittler*

Licensed Embalmer No. *4329*

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.**