No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10719

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3226

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1417 Mississippi Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM E. STIBAL

3. (b) If veteran, name war Nil
3. (c) Social Security No. None

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Henrietta
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased October 16, 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Mechanic (retired)
11. Industry or business

FATHER
12. Name James Stibal
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Tarosik
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Stibal
(b) Address 1217 Mississippi Avenue
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) APR 3 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1948 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from 1941, 19 to 3-31-48, 19; that I last saw h alive on 3-31-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Ac Myocardial Failure — Duration 3 days
Due to: Chronic Myocarditis — 5 yrs
Due to: Congenital cystic disease both lungs — Birth
Other conditions: ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93
Of autopsy As Above

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 Walter W. Hughes M.D. (M. D. or other)
Address 3108 S. Grand Date signed 4/2/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.H.V. Hoefer
3108 So. Grand Blvd.
Pr. 5172

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 R W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.