No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 10758
2186

FILED MAR 23 1948

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

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

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 7110a Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 7110a Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rudolph J Tibe
3. (b) If veteran, name war
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 matilda
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan. 29, 1874 (Month) (Day) (Year)

8. AGE: Years 74 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation fireman
11. Industry or business

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

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

16. (a) Informant Dr. Royal Tibe
(b) Address 7110 Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois
19. (a) MAR 3 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 29, year 1948 hour 11 minute 50 A. M.
21. I hereby certify that I attended the deceased from 10-20, 1945 to Feb. 29, 1948 that I last saw h. alive on Feb. 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocardial Infarction — 3 yrs.
Arteriosclerotic heart disease
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause of 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 R. V. Powell (M. D.)
Address 3720 Washington Date signed 3-2-48

Jefferson City Printing Co.
(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

**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.**