No. 300
10-48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3272

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis 96
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St.Louis~~ University City 3
d. STREET ADDRESS (If rural, give location): N.R. 6339 Waterman Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): CARROLL
c. (Last): SIBLEY.

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 18, 1906
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 11, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lecturer.
10b. KIND OF BUSINESS OR INDUSTRY: Professor Washington Univ.
11. BIRTHPLACE (State or foreign country): Toledo, Ohio.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James Albert Sibley.
13b. MOTHER'S MAIDEN NAME: Lavinia Bird Johnson.
14. NAME OF HUSBAND OR WIFE: Isabelle Bond Sibley.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Isabelle B. Sibley. 6339 Waterman,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Melanosarcoma, metastatic — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1946
19b. MAJOR FINDINGS OF OPERATION: Melanosarcoma, left axilla
20. AUTOPSY? YES ☑ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 6, 1948, *to* Jan 6, 1949, *that I last saw the deceased alive on* Jan 6, 1949, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. W. Mahan M.D.
23b. ADDRESS: 634 N Grand Blvd
23c. DATE SIGNED: 1/7/49
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Jan 8 1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
24d. LOCATION (City, town, or county) (State): St.Louis County, Mo.
DATE REC'D BY LOCAL REG.: JAN 7 1949
REGISTRAR'S SIGNATURE: J. B. Lacater
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.R.Lupton & Sons; 7233 Delmar Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1949

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.