

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14288

State File No. 3758

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>2+ LOUIS</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>3123 Pine St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Louis</b>	b. (Middle)	c. (Last) <b>Wibglie</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 23 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Be specific) <b>Married</b>	8. DATE OF BIRTH <b>3. 25 1892</b>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <b>57 29 1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>RAIL ROAD</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BIRMINGHAM ALA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Eddie Wibglie</b>	13b. MOTHER'S MAIDEN NAME <b>Nettie Wibglie</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA WIBGLIE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, to what branch; (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>430-306410</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Anna Wibglie</b>	ADDRESS <b>3123 Pine</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism; Extravasation of Urine</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>Undet.</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) <b>Pyelonephritis with Uremia</b>  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>Vesical Polyposis</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>1330</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car</b>
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22. I hereby certify that I attended the deceased from **3-22**, 19 **49**, to **4-23**, 19 **49** that I last saw the deceased alive on **4-23**, 19 **49**, and that death occurred at **9:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Alfred Binno</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>2601 N Whittier St.</b>	23c. DATE SIGNED <b>4-26-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-30-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>	24d. LOCATION (City, town, or county) (State) <b>Ray City MO</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 27 1949</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J.B. Lamm</b> ADDRESS <b>1405 Broom Biddle</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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

*Leroy W. Bannister*

Licensed Embalmer No.

*4523*

P. O. Address

*3880 Easton Ave*

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.