

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25676

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BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6576		Registrar's No. 1526	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Robertson</b>		c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Robertson</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>Shumate ave. Route 1 Robertson</b>			
3. NAME OF DECEASED (Type or Print) <b>Albert</b>		a. (First)		b. (Middle)		c. (Last) <b>Kibler</b>	
4. DATE OF DEATH <b>June 26-49</b>		(Month) (Day) (Year)					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov., 12, 1893</b>	
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrical worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Power &amp; Light</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Albert Kibler</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle Kibler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>World war I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Kibler</b> ADDRESS <b>Shumate ave Rt. 1 Robertson</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>  <b>years</b>  <b>yes</b>  <b>260X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb. 1</b> , 1948, to <b>June 26</b> , 1949, that I last saw the deceased alive on <b>6-25</b> , 1949, and that death occurred at <b>2:24 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ray G. Halley, Sr. D.M.O.</b>				23b. ADDRESS <b>2438 Woodlawn Pt. Overland 14 Mo.</b>		23c. DATE SIGNED <b>6-27-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/28/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pea Pea</b>		24d. LOCATION (City, town, or county) (State) <b>Robertson Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-27-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dampford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ortmann Fu. Home</b> ADDRESS <b>9222 Lackland</b>			

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

**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

*Al. C. Johnson*

Licensed Embalmer No. 3478

P. O. Address \_\_\_\_\_

**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.