

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31912
State File No. 7928

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN ST. LOUIS		a. STATE MISSOURI b. COUNTY Jefferson	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN KIMMSWICK	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) MONTEBELLO RD RR#1	
3. NAME OF DECEASED a. (First) GEORGE		b. (Middle) H.	
c. (Last) SIBILLE		4. DATE OF DEATH (Month) (Day) (Year) SEPT 17 9/28/1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 4, 1880
9. AGE (in years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	
11. BIRTHPLACE (State or foreign country) ST. LOUIS Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME OSCAR SIBILLE		13b. MOTHER'S MAIDEN NAME EMILY DEMAR	
14. NAME OF HUSBAND OR WIFE EDITH SIBILLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 488-01-8685		17. INFORMANT'S SIGNATURE OR NAME Edith Sibille Kimmswick Mo.	
18. ADDRESS		19. CAUSE OF DEATH (State only one cause per indicator (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart disease		MEDICAL CERTIFICATION	
II. ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH 6 mos	
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	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? HHS X	
22. I hereby certify that I attended the deceased from Sept 12, 1950 , to Sept 17, 1950 , that I last saw the deceased alive on Sept 17, 1950 , and that death occurred at 11 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE a m Frank (Degree or title)		23b. ADDRESS 3701 Grand St	
23c. DATE SIGNED Sept 19 1950		24a. LOCATION (City, town, or county) (State) SHENANDOAH IOWA	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9-20-50	24c. NAME OF CEMETERY OR CREMATORY	
REMOVALS		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. SEP 19 1950	REGISTRAR'S SIGNATURE J. B. Reuter	25. FUNERAL DIRECTOR'S SIGNATURE A. Nou L & Co ADDRESS 719 Grand Blvd	

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

S

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

Gustav W. Dietterle

Licensed Embalmer No. *4329*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }
County of _____ } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 31912-50
Local Registrar's No. 7928

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of October, 1950, before me appears A. M. Frank, M.D., who, upon his oath, states that the original record of ^{birth}~~death~~ for George H. Sibille died September 17, ~~XXXX~~ 1950, in the State of Missouri, and which was filed at St. Louis on _____, 19____, should be corrected as follows:

Item No. 4 should read September 17th, 1950

Instead of September 18th, 1950

Item No. 22 should read September 17th, 1950 ^{and} ~~and~~ that death occurred

Instead of September 18th, 1950 at 11 P.M. at 5:30 P.M.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief. *att. physician*

(SEAL)

Affiant A M Frank MD ~~XXXX~~ ^{att. physician}
Relationship.

3701 Grandel by St Louis
Present Address.

Subscribed and sworn to before me this 13th day of October, 1950

My Commission expires My Commission Expires July 7, 1952 Eva Schreff Notary Public.