

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42373**
Registrar's No. **10777**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10777	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) 40. Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2623, Thomas Street				STREET ADDRESS (If rural, give location) 2623, Thomas Street			
3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) L c. (Last) Hibbler			4. DATE OF DEATH (Month) 12 (Day) - 15th (Year) 1950				
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11 / 5th / 1881		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 10 Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Porter		10b. KIND OF BUSINESS OR INDUSTRY Pullman Co		11. BIRTHPLACE (State or foreign country) Mobile Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Un Known		13b. MOTHER'S MAIDEN NAME Sallie Royal		14. NAME OF HUSBAND OR WIFE Sallie Hibbler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 709-10-2086		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sallie Hibbler 2623, Thomas St.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease INTERVAL BETWEEN ONSET AND DEATH Dec. 14, 1948 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.				INTERVAL BETWEEN ONSET AND DEATH Dec. 14, 1950	
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) St. Louis, MO Missouri			
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? 443X			
22. I hereby certify that I attended the deceased from Oct. 14, 1948 , to Dec. 16, 1950 , that I last saw the deceased alive on 16th Dec, 1950 , and that death occurred at 10:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. F. Brooks, M.D.				23b. ADDRESS 2746 1/2 Franklin Ave.		23c. DATE SIGNED 12/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12 - 20 - 50	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) ST. Louis Missouri		
DATE REC'D BY LOCAL DEC 18 1950		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE P. J. ...		ADDRESS 2829, Washington Blvd	

(Licensed Embalmer's Statement on Reverse Side)

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

Embalmer separate cert to be filed

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.