

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1951

318

1003 State File No. 43012
Registrar's No. 11270

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|---|--|--|--|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2069</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Town St. Louis</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>6</u> OR TOWN <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>5656a Hebert St.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> | | | | 3. NAME OF DECEASED a. (First) <u>Edna</u> b. (Middle) <u>Wibbing</u> c. (Last) <u>Wibbing</u> | | | | | |
| 4. DATE OF DEATH <u>Dec. 30, 1950</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | | |
| 8. DATE OF BIRTH <u>June 14, 1878</u> | | 9. AGE (In years last birthday) <u>72</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | | | |
| 11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>Harry Wibbing</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Wibbing, 5656a Hebert St.</u> | | | |
| 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) <u>Carcinoma of the Uterus</u> 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 <u>3 years</u> | |
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>174X</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 2, 1950</u> , to <u>Dec 26, 1950</u> , that I last saw the deceased alive on <u>Dec 26, 1950</u> , and that death occurred at <u>11:50A</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Gaspere Sciortino</u> (Degree or title) <u>Physician</u> | | | | 23b. ADDRESS <u>55019 St. Louis</u> | | 23c. DATE SIGNED <u>Dec 31/50</u> | | | |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/2/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>JAN 2 1951</u> | | REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PROVOST UND. CO., 3710 N. Grand Bl.</u> | | | | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Albert Mayfield

Signed.....
Student Embalmer

Licensed Embalmer No. 3077

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.