S. No. 300
v. 10.48

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

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32895

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8313

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS:
c. LENGTH OF STAY (In this place): 40 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5534 CABANNE AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: SAINT LOUIS:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5534 CABANNE AVENUE:

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): F.
c. (Last): BIBB

4. DATE OF DEATH (Month) (Day) (Year): AUG 26 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED.
8. DATE OF BIRTH: APRIL 11 1862
9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE
11. BIRTHPLACE (City and State or Foreign Country): MONTGOMERY COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ABRAHAM BARTON
13b. MOTHER'S MAIDEN NAME: HESTER A. BEACHAMP
14. NAME OF HUSBAND OR WIFE: JOSEPH W. BIBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO:
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE:
17. INFORMANT'S SIGNATURE OR NAME: MRS. RAY W. COMFORT
ADDRESS: 5534 CABANNE AVE

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) CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 2 MOS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 1 YR.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL THROMBOSIS WITH HEMIPLEGIA — 1 YR AGO

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

4200

22. *I hereby certify that I attended the deceased from* JULY *19* 53 *to* 26 AUG. *19* 53, *that I last saw the deceased alive on* JULY 25 *19* 53, *and that death occurred at* 7:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard Stone MD.
23b. ADDRESS: 3720 WASHINGTON
23c. DATE SIGNED: 26 Aug 53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: AUG 28/53
24c. NAME OF CEMETERY OR CREMATORY: SUNSET CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REG.: AUG 27 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: C. R. LUPTON & SONS
ADDRESS: 7233 DELMAR BLV'D.

L. P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.