

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16645  
4338

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>D. O. A. Home Phillips</i>				e. STREET ADDRESS (If rural, give location) <i>1236 Goodfellow Ave. 205/0</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>J.</i>		b. (Middle) <i>Maudie</i>		c. (Last) <i>Kibson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 14 1955</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>Unknown</i>	
9. AGE (in years last birthday) <i>79</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At home</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Floissant Mo.</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>William F. Kibson</i>		13b. MOTHER'S MAIDEN NAME <i>Lama A. Fiske</i>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Rev. Fred J. Statler 5748 Bartmer</i>			
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) <i>Internal Hemorrhage</i> ANTECEDENT CAUSES <i>Multiple fractures, suffered when struck by car operated by one Helen Garay, in front of about 1236 Goodfellow Ave., about 1240 pm.</i> DUE TO (b) <i>Accident</i> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>May 14 1955</i> <i>Accident</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo. 000</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>May 14 55 12:40 PM</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>F8124</i>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.	
23a. SIGNATURE <i>Robert Taylor</i>		23b. ADDRESS <i>1300 Clivca</i>		23c. DATE SIGNED <i>5/16/55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>May 17, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Yakalla cemetery St. Charles Mo.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Charles Mo</i>	
DATE REC'D BY LOCAL REG. <i>MAY 17 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bull-Campbell Mortuary 516 S. Delmar St. St. Louis</i>			

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

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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.....  
Signature of Student Embalmer

Signed *Earl Morris*.....

Licensed Embalmer No. 3368

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

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