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S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. **36196**  
Registrar's No. **9811**

**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 <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				STREET ADDRESS (If rural, give location) <b>5407 St. Louis Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b>		b. (Middle) _____		c. (Last) <b>SIBRA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 26 1956</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 7, 1885</b>	
9. AGE (in years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>19</b>		IF UNDER 24 HRS. Hours <b>19</b> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chevrolet Plant</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Rosedale, Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Henry Sibra</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Nancy Sibra</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-09-0386</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Nancy Sibra 5407 St. Louis Ave.</b>			
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>Heart failure related to pulmonary embolism</i> 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. <i>Operate on left hip - resulting in fracture</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>fall</i>			
22. I hereby certify that I attended the deceased from <i>10-26</i> , 1956, to <i>Oct 26</i> , 1956, that I last saw the deceased alive on <i>10-26</i> , 1956, and that death occurred at <i>7:15</i> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>M. J. Rosenthal</i>				23b. ADDRESS <i>m 12 2906 Union</i>		23c. DATE SIGNED <i>10-27-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-29-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 27 1956</b>		REGISTRAR'S SIGNATURE <i>J. Earl Smith md</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Tanner Funeral Home</b>		ADDRESS <b>6107 Natural Bridge.</b>	

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

(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*John P. Dinkley*

Licensed Embalmer No. 365

P. O. Address St. Louis

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.