

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6317

FILED FEB-25 1957

318

1003

STATE FILE NUMBER

1270

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mo. Baptist Hospital		Length of stay in lb 21570		d. STREET ADDRESS (If outside, give location) 4315 Grace	
3. NAME OF DECEASED (Type or print) First Mabel Middle Ibers Last		4. DATE OF DEATH Month Feb. Day 6, Year 1957			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday) about 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Board of Education		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME George Ibers		14. MOTHER'S MAIDEN NAME Unk. Wilson		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. UNK.		17. INFORMANT St. Louis, Mo. Hazel Gunn 1026 Bates St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease & thromboembolism DUE TO (b) Coronary artery disease DUE TO (c) Old Anterior septal infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.0					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour: _____ Month: _____ Day: _____ a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from 1-12-57 to 2-6-57 and last saw her alive on 2-6-57 Death occurred at 1140 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph E. Carney MD (Degree or title)		22b. ADDRESS 906 Olive St		22c. DATE SIGNED 2-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2-9-57		23c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran	
24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. FEB 8 '57		26. REGISTRAR'S SIGNATURE Earl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

m815

Dr. Jos. Carney

Frisco Bldg.

8 t11 2

Ga. 10198

BY EXPOSURE 325

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

David Van Fossen

Licensed Embalmer No. 42

P. O. Address S. Low

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.