

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

'57 0 2 3 0 5 7  
State File No. ....

**FILED JUL 1 1957**

BIRTH NO. 64132-56 REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 1329

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Manchester</u>	
c. LENGTH OF STAY (in this place) <u>DOA</u>		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 <u>St. Louis County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>H1 # 100</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Billie</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Hibbs</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 24/1957</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single.</u>	
<b>8. DATE OF BIRTH</b> <u>Aug. 22, 1956</u>		<b>9. AGE</b> (In years last birthday) <u>9</u> <b>10. MONTHS</b> <u>2</u> <b>11. DAYS</b> <u>2</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Infant</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None---</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Louis, Mo.</u>	

<b>13a. FATHER'S NAME</b> <u>Rorby Hibbs</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Virgie Perry</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Rorby Hibbs, Manchester, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		II. OTHER SIGNIFICANT CONDITIONS			<u>6</u>
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

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 \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Herbert R. Donke, M.D., Local Registrar</u>		<b>23b. ADDRESS</b> <u>651 S. Brentwood Blvd.</u>		<b>23c. DATE SIGNED</b> <u>5/31/57</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bethel</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Pond, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>5-24-57</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Donke</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Schrader Funeral Home, Ballwin, Mo.</u>	

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

No. 300  
10-68

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 *Richard Bopp*.....

Licensed Embalmer No. *458*

P. O. Address *Baltimore*.....

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.