

FILED DEC 10 1957

STANDARD CERTIFICATE OF DEATH

42093

STATE FILE NUMBER 11584

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3831 Cleveland		Length of stay in 1b	d. STREET ADDRESS 3831 Cleveland		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL M. HIBBARD			4. DATE OF DEATH Month Day Year 12/1/57			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5/23/1867	9. AGE (In years last birthday) 90 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman	10b. KIND OF BUSINESS OR INDUSTRY Publ. Ser. Co.		11. BIRTHPLACE (City and state or country) Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Hibbard			14. MOTHER'S MAIDEN NAME Polly Earick			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Catherine Hibbard 3831 Cleveland Ave.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Arterio Sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>11/26 to 12/1/57</u> 490X	
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, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT <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 <u>11/26/57</u> to <u>12/1/57</u> and last saw <u>him</u> alive on <u>12/1/57</u> Death occurred at <u>11:20 A.M.</u> on the date stated above and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Wm. C. Hanson M.D.</u>			22b. ADDRESS <u>3012 Lafayette</u>		22c. DATE SIGNED <u>12/2/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/4/57	23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette Ave.			25. DATE RECD. BY LOCAL REG. DEC 3 '57	26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u> m 86		

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 Hollmer*.....  
Licensed Embalmer No. *4014*  
P. O. Address *3125 Laurel*

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.