

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047223

STATE FILE NUMBER

FILED FEB 4 1958

Registration District No.

318

Primary Registration District No. 1003

Registrar No. 12030

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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hosp II		d. STREET ADDRESS (If outside, give location) 4036 St. Ferdinand	
3. NAME OF DECEASED (Type or print) First Middle Last Earl C. Bibbs		4. DATE OF DEATH Month Day Year Dec 12 1958	
5. SEX male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6 July 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trucker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
13. FATHER'S NAME Henry Bibbs		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		12. CITIZEN OF WHAT COUNTRY? US.	
16. SOCIAL SECURITY NO. —		17. INFORMANT Mary Peters 4125 Westminister	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Sickle cell anemia in crisis</i> <i>early infarction right internal</i> <i>capsule</i> DUE TO (b) <i>capsule</i> DUE TO (c) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 292.6		
20c. TIME OF INJURY Hour Month, Day, Year 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 _____ to _____ and last saw her alive on _____ Death occurred at _____ 5:12 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James E. Taylor</i>		22b. ADDRESS 1200 Olive S	22c. DATE SIGNED 1/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 18 Dec. 1958	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Reliable Funeral Sys. 1389 N. Union		25. DATE RECD. BY LOCAL REG. DEC 15 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> -M.D.B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00
56

th,
iffare
lic
ic
vice

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John K. Cunningham

Licensed Embalmer No. H

P. O. Address 2405

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.