

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9023** STATE FILE NUMBER

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**FILED OCT 13 1961**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **DOA**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Deaconess Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **5649 Goodfellow Blvd.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **ELMER** Middle **CHARLES** Last **MC KIBBIN** 4. DATE OF DEATH Month **September** Day **28** Year **1961**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **8/1/1898** 9. AGE (last birthday) **63 years**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **mercantile** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **John McKibbin** 13b. MOTHER'S MAIDEN NAME **Emma Bohl** 14. NAME OF HUSBAND OR WIFE **Mary A. (Mamie) McKibbin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 17. INFORMANT **Mary A. (Mamie) McKibbin-5649 Goodfellow** Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Myocardial Infarction** INTERVAL BETWEEN ONSET AND DEATH **30 min**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary Thrombosis** **30 min**  
 DUE TO (c) **Coronary Sclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **420.1** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **3-16-49** to **9-25-61** and last saw ~~him~~ <sup>her</sup> alive on **9-23-61**  
 Death occurred at **9 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. J. Darlyn, M.D.** 22b. ADDRESS **634 N. Grand** 22c. DATE SIGNED **9-29-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **October 2, 1961** 23c. NAME OF CEMETERY OR CREMATORY **St. Paul Churchyard** 23d. LOCATION (City, town, or county) **St. Louis County** (State) **Missouri**

24. FUNERAL DIRECTOR **BUCHHOLZ MORTUARY-5967 W. Florissant** 25. DATE RECD. BY LOCAL REG. **SEP 30 1961** 26. REGISTRAR'S SIGNATURE **Neal Smith, M.D.**

**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 Wilfred H. Beckwith  
Licensed Embalmer No. 4551

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.