

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047006

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1489 298

SL 17864

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12118

STATE FILE NUMBER

AMENDED

FILED JAN 5 1962

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 915 N. Grand, St. Louis, Mo.		Length of stay in 1b 72 days	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5879 Wabada

3. NAME OF DECEASED (Type or print) First MIDDLE Last ROBERT H. WIBBELMANN	4. DATE OF DEATH Month Day Year December 24 1961
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/18/1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR	10b. KIND OF BUSINESS OR INDUSTRY Wagner Electric Co	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME AUGUST WIBBELMANN	13b. MOTHER'S MAIDEN NAME HEDWIG LORENZ	14. NAME OF HUSBAND OR WIFE HELEN WIBBELMANN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW-1	17. INFORMANT Address Helen Wibbelmann (Wife) Same add. as 2.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC OBSTRUCTIVE EMPHYSEMA		INTERVAL BETWEEN ONSET AND DEATH YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 527.1	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS, BRONCHOPNEUMONIA	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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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.) VA	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10/13/61 to 12/24/61 and last saw him alive on 12/24/61 Death occurred at 1:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Theodore Goodfriend, M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 12/24/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/27/61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo
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24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave	25. DATE RECD. BY LOCAL REG. DEC 26 1961	26. REGISTRAR'S SIGNATURE Road Smith, M.D.
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INSIDE OF THIS DOCUMENT

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

