

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033802

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8948

STATE FILE NUMBER

VS 300
Rev. 4/59

1
2 220
3
4 3
5 1
6
7 0
8 2
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11
12 75-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED IN OFFICE OF DEATH 12-1963

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. 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) Length of stay in 1b c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) Inside Limits d. STREET ADDRESS (If outside, give location) Residence on Farm Yes No 2528 N. Leffingwell Ave. Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
OLIVE S. KIBBY Sept. 4, 1963

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-15-1897 9. AGE (last birthday) 66 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
Domestic None St. Louis, Mo. U.S.A.

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
J. W. Slimmons Minnie Williams Paul W. Kibby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
No [redacted] DO Mrs. Aurelia Gilly, 4549 Carter Ave

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE b Hypertensive Cardio-Renal Disease Unknown
a Cerebral Hemorrhage 6 hrs
442x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 9-14-56 to Present and last saw her alive on 8-31-67
Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deed or title) 22b. ADDRESS 22c. DATE SIGNED
N.E. Smith, M.D. 2715 Union Othello 9-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-9-63 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) Jefferson Brks., Mo. (State)

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
A. D. Richardson, 2625 Glasgow Ave SEP 5 1963 Earl 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 Andrew D. Richardson, Jr.

Licensed Embalmer No. 4858

P. O. Address 2625 Glasgow Ave.

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.