

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

~~20761~~
20763

1. PLACE OF DEATH

County..... Registration District No. 78th
Township..... Primary Registration District No. 1100²
City St. Louis, Mo. No. City Hospital # 2

File No.
Registered No. 5557
St. Ward)

2. FULL NAME

Fannie Pipkin
(a) Residence. No. 3933 Cook St. 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-30-1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 10 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-work
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) S. C.
(STATE OR COUNTRY)

10. NAME OF FATHER Albert Almond

11. BIRTHPLACE OF FATHER (CITY OR TOWN) S. C.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT A. Gertrude Beach
(Address) City Hospital #2

15. FILED 11/11 - 7, 1930 W. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-5-1930

17. I HEREBY CERTIFY, That I attended deceased from 5-30-1930 to 6-5-1930, 1930 that I last saw her alive on 6-5-1930 and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
87A

(duration) — yrs. 19 ds.

CONTRIBUTORY (SECONDARY) 7/1/30
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED —
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) A. Estale, M. D.

6/6/1930 (Address) City Hospital #2

*State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Okmulgee Okla DATE OF BURIAL 6/8 1930

20. UNDERTAKER Dunn Bros ADDRESS 3158 Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

