

FEB 24 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

2835

1. PLACE OF DEATH

County St. Louis Registration District No. 190  
Township Central Primary Registration District No. 60332  
City Overland (No. 101) St. Louis Co. Hosp.

File No. \_\_\_\_\_  
Registered No. 11  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John J. Sipe  
(a) Residence, No. 2249-Woodson St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 11 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ h. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Republic Virginia

13. NAME Franklin Sipe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Annie Dugan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Virgie Sipe  
(ADDRESS) 2249-Woodson St Overland

18. BURIAL, CREMATION, OR REMOVAL PLACE The Steeple DATE 1-4-36

19. UNDERTAKER Baumman Bros Inc  
(ADDRESS) Overland Mo

20. FILED 1/3 1936 D. H. J. Sigurdson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-36 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-20-35, 1935, to 1-1-36, 1936.

I last saw h. in alive on 1-1-36, 1936 Death is said to have occurred on the date stated above, at 6:55 m.

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia Date of onset \_\_\_\_\_

Other contributory causes of importance: Tubercular pneumonia (left)

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) Frank H. Robinson, M. D.  
(Address) St. Louis Co. Hosp. Clayton Mo

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.

