SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 32795

Township ..... Primary Registration District No. 1003 Registered No. 8672

City St. Louis (No. ....., St. John's Hospital St. ..... Ward)

2. FULL NAME Mary Delia Tippett

(a) Residence, No. 4372 W. Pine St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11, 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	6	10	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Richard L. Tippett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) E. St. Louis, Ill.

MOTHER

15. MAIDEN NAME Mary Ellen Ruff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Ill.

17. INFORMANT (ADDRESS) x Mrs. Delia Tippett St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis, Ill. DATE Aug. 23, 1936

19. UNDERTAKER (ADDRESS) Charles G. Kurnis East St. Louis, Ill.

20. FILED AUG 21 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936, to Aug 21, 1936

I last saw her alive on Aug 20 1936 Death is said to have occurred on the date stated above, at 7:10 a m.

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

Hydrocephalus (Life) Date of onset

Spina Bifida Life (Ruptured Aug 21)

Other contributory causes of importance:

157 A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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) Jos P. Costello, M. D.

(Address) Lister Bldg St Louis Mo

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.

Dr. Costello
4500 Olive
Lister Bldg.
For. 7500