

DEC'D MAR 13 1939

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

4624

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City ST LOUIS

Registration District No. 791Primary Registration District No. 1003Registered No. 1317

(d) Street No. Homer G. Phillips Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S.; if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 120 Henry G. Pipes (PIPES)
2915 Franklin St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Sadie Pipes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mil
9. Industry or business in which work was done, as saw mill, bank, etc. Mil
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) Mo. 013. NAME Rice Pipes 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 015. MAIDEN NAME Mary Gann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Sadie Pipes
4226 W. Garfield18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park on Feb 11, 193919. FUNERAL DIRECTOR (ADDRESS) F. W. Greer
2915 Franklin ave.20. FILED J. B. Budeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... 5 a.m.

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

Arteriosclerosis;
Chronic Nephritis;
Chronic Myocarditis.

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? YES23. 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..... see above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....(Signed) Joseph M. Quinn M.D.(Address) Deputy Coroner

FEB 10 1939

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, J. A. Green, Licensed Embalmer No. 2963
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed J. A. Green
Licensed Embalmer No. 2963

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.)