

Rev. 5-17-39
1 x1931

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33477
Registrar's No. 1624

Registration District No. 780 Primary Registration District No. 106

1. PLACE OF DEATH:
(a) County St. Louis 2
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Pittman Pl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 1
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. # 5 Pittman Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Thomas Elwood Lippincott 152

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Matilda Lippincott 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug 30th, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months - Days 12 If less than one day _____ hr. _____ min.

9. Birthplace California
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 1

11. Industry or business _____

12. Name Benjamin R. Lippincott 1

13. Birthplace Pa 1
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Pa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Matilda Lippincott

(b) Address # 5 Pittman Pl.

17. (a) Burial (b) Date thereof 9-13-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Louis H Bopp

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) SEP 11 1939 (b) R Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1939 hour 9:30 minutes _____ M.

21. I hereby certify that I attended the deceased from 2-17-39
_____, 19____, to _____, 19____;
that I last saw him alive on 9-10
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1935
Duration

Due to _____
Due to 93e

Other conditions Chr. Arthritis 1928
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G E Barnett 1 (M. D. or other)

Address Kirkwood Mo Date signed 9-11-39

JUL 21 1951

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.....

John M. Meyer, Registered Apprentice No.....
working under my personal supervision.

Signed *John M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Kirkwood Mo*

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 this body is not embalmed, above space should be left blank.