

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 1791

Primary Registration District No. _____

Registrar's No. 8986

1. PLACE OF DEATH: 1008 DEPT NOV 13 1939

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution St. Anthony's
8 Days (Specify whether years, months or days)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1018 A. Morrison Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Sarah C. Tipling 1145
 8. (b) If veteran, name war *****
 8. (c) Social Security No. *****
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife George Tipling
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 23 1869
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
 year 1939 hour 7:25 minute _____ P. _____ M.
 21. I hereby certify that I attended the deceased from Sept. 21 - 1939, 19____, to Oct. 20th 1939, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 5 Days 27
70 hr. _____ min.

Immediate cause of death Diabetes Mellitus
of left leg
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Extensive gangrene of left leg - in large tree
 Of autopsy _____

Duration
<u>3 mos.</u>
<u>3 mos.</u>
<u>3 mos.</u>

9. Birthplace Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Francis Grimley
 18. Birthplace Ireland (City, town, or county) (State or foreign country)
 14. Maiden name Julia Grimley (City, town, or county) (State or foreign country)
 15. Birthplace Ireland (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Edw. Grefenknapp
 (b) Address 1018 A. Morrison Ave
 17. (a) Burial (b) Date thereof Oct 23 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Peetz Brothers
 (b) Address 3029 Lafayette Ave
 19. (a) OCT 22 1939 (b) J. F. Rudick
 (Date received local registrar) (Registrar's signature)

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 J. F. Rudick (M. D. or other) M.D.
 Address 3548 S. Grand Date signed 10/21/39

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address..... *732 Fenway*.....

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.