

STANDARD CERTIFICATE OF DEATH

State File No. 37839

REGISTRATION DISTRICT NO. 1002

Primary Registration District No.

Registrar's No. 9678

1. PLACE OF DEATH:

(a) County 2
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5707 McPherson Ave.,
 (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)

3. (a) PRINT FULL NAME James Henry Lipscomb 125

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Albertine Mayhew 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased August 8th 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 3 4 hr. min.9. Birthplace Palmyra, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Accountant11. Industry or business National Lead Co.12. Name Henry Stapleton Lipscomb13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Annalia Lipscomb(b) Address 6707 McPherson17. (a) Cremation (b) Date thereof 11-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cregatory18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar Ave.NOV 19 1939 (Date received by registrar) (b) J. B. Bredner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis, Mo. 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5707 McPherson Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1939 hour 7 minute 30 am M.21. I hereby certify that I attended the deceased from 11-1
1934 to 11, 12, 1939
that I last saw him alive on 11, 12, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death:

Myocarditis Chronic
Hypertension

Duration

10 yr -
15 yrs

Due to _____

Due to _____

Other conditions
(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 Thos A. Berger (M. D. or other)Address 3145 So Grand Date signed 11/13/39

D. John A. Barger
3115 S. Grand Ave.

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.....

Albert E. White..... Registered Apprentice No. 209
working under my personal supervision.

Signed J. W. Buckley
Licensed Embalmer No. 3653
P. O. Address St. Louis, 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.