

FR 10 1940  
 U.S. No. 2  
 M-11-10-39  
 Rev. 5-17-39  
 I X21492

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 8043

FILED MAR 7 1940

Registration District No. 204

Primary Registration District No. 200

Registrar's No. 300

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County St Louis  
 (b) City or town Bridgeton Mo  
(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) 7  
 (d) Length of stay: In hospital or institution 50 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Addie Chipman 155

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 31 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 5 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Shipman

13. Birthplace Do not know  
(City, town, or county) (State or foreign country)

14. Maiden name Mary McCausland

15. Birthplace St Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Sestrule Henderson

(b) Address Bridgeton Mo

17. (a) Burial (b) Date thereof Feb 12 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Mo

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) FEB 10 1940 (b) TOP MARY HENDERSON  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County St Louis  
 (c) City or town Bridgeton Mo  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10  
 year 1940 hour 3:45 P M minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1900  
Feb 10 1940 1940  
 that I last saw her alive on Feb 10 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Cardio-Renal Vascular 20 yrs

Due to \_\_\_\_\_

Other conditions 131  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Walter G. Post M.D.  
(Specify type of place) (e) Manner of injury  
 Address 6635 Delmar Date signed 2-10-40

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

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

*Al C. Ortman*

Licensed Embalmer No.

*3478*

P. O. Address

**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.**