

2222
No. 2
1-10-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26629

State File No. _____

SEP 25 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6525

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month
(Specify whether
In this community 30 yrs.
years, months or days)

3. (a) PRINT FULL NAME John Shipe
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 66
Months _____ Days _____
If less than one day hr. _____ min. _____

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER
12. Name G. A. Shipe
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Harrison
(b) Address 1515 Lafayette, City Hospital, #1

17. (a) _____ (b) Date thereof 7-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director J. G. Bodeck
(b) Address 3500 Patton

19. (a) AUG 2 1940 (b) J. G. Bodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limit, write "RURAL")
(d) Street No. 2207 Chestnut St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7,
year 1940 hour 11:15 minute A. M.
21. I hereby certify that I attended the deceased from June
7, 19 40 to July 7, 19 40
that I last saw him alive on July 7, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Heart Disease
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: None
Of operations None
Of autopsy None

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? _____

(Specify type of place) _____
While at work? _____ (c) Means of injury 1
23. Signature James T. Murphy (M. D. or other) _____
Address 1515 Lafayette Date signed 7/11/40

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

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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