

Registration District No. 791

Primary Registration District No.

Registrar's No. 10745

1. PLACE OF DEATH:

(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 _____
In this community 4607 McMillan
years, months or days

8. (a) PRINT FULL NAME Anna Hipes

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 widowed

6. (b) Name of husband or wife John L. Hipes 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Nov. 14, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Francis Le Beau

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

14. Maiden name Margaret Priouze

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

16. (a) Informant Benjamin B. Hipes

(b) Address 4607 McMillan

17. (a) Burial (b) Date thereof Nov 28, 1960
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chaffee mo.

18. (a) Signature of funeral director John A. Bull

(b) Address 4457 Washington St

19. (a) DEC 27 1960 (b) J. W. Bredeck
(Date of recording) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4607 McMillan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1960 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1957
to Dec 26, 1960

that I last saw him alive on Dec 23, 1960
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Medical Progression

Due to _____

Due to Chronic nephritis

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: Emboli of line

Of operations None

Of autopsy _____

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 B. J. Hipes (M. D. or other) _____

Address 1873 Madison Date signed _____

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

MOTHER FATHER

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 with the above constitutes grounds for revocation of license.)

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