

Registration District No. 791 Primary Registration District No. _____

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Daniel McCune Tipton

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 Single

6. (b) Name of husband or wife ***** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 16 1941
(Month) (Day) (Year)

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

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

10. Usual occupation Nil

11. Industry or business _____

12. Name William Tipton

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

14. Maiden name Mildred Bonnot

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

16. (a) Informant William Tipton

(b) Address 7327 Richmond Pl. Richmond Hgts

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

(c) Place: burial or cremation Stevens Missouri

18. (a) Signature of funeral director Peatz Brothers

(b) Address 3029 Lafayette Ave

19. (a) JUN 17 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7327 Richmond Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day June
year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from June 16 1941 to June 16 1941;
that I last saw him alive on June 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Athelactasia Duration 19 hrs

Due to Priamature Birth

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 Edmond Bonnot (M. D. or other Prof.)
Address 1504 So Grand Date signed 6-17-41

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

206
15
9

3635 Custer

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 Frank J. Jones

Licensed Embalmer No. 2445

P. O. Address Adelphi, Md.

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, fact should be so stated above.