

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39311

FILED DEC 11 1941

State File No. \_\_\_\_\_

Registration District No. 780

Primary Registration District No. 4466

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Ste. Genevieve Mo.  
(b) City or town Ste. Genevieve Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Ste. Genevieve Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community Life  
years, months or days

3. (a) PRINT FULL NAME PETER EDWARD HIPES

8. (b) If veteran,  name war.  8. (e) Social Security No.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Pauline Hipes 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased March 25th 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Fireman

11. Industry or business U.S. Steam Boats

12. Name Bartholomew Hipes

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

14. Maiden name Mary Benbow

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

16. (a) Informant's own signature Mrs. Peter Hipes

(b) Address Ste. Genevieve Missouri

17. (a) Burial (b) Date thereof Nov 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve Missouri

18. (a) Signature of funeral director Walter J. Stanton

(b) Address Ste. Genevieve Missouri

19. (a) Nov 16/41 (b) T. W. Douglas  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve  
(c) City or town Ste. Genevieve Missouri  
(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 Nov day 15 — 41  
year \_\_\_\_\_ hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10-29-41  
\_\_\_\_\_ 19\_\_\_\_ to 11-15 1941  
that I last saw him alive on Nov 15th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart  
chronic myocarditis  
Due to arteriosclerosis

Duration  
13 days  
2 yrs  
?

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

Other conditions General anasarca  
(Include pregnancy within 3 months of death) 18 days

Major findings:  
Of operations 938

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 Robert J. Lammert (M. D. or other) \_\_\_\_\_

Address Ste. Genevieve Mo. Date signed 11/16/41

DEC 31 1944

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 *Wm J Stanton*

Licensed Embalmer No. *3328*

P. O. Address *Ste Genevieve Miss*

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.