

FILED SEP 4 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6822

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Emmett Homer Phillips Hoop
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2741 Chouteau (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME JAMES LIPSCOMB

3. (b) If veteran _____ name war _____ No. 492-09-114

4. Sex male 5. Color or race col
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Mary Lee (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APR 5 1883 (Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Scuttling steel co

MOTHER FATHER

12. Name Wilson Lipscomb
13. Birthplace S.C. (City, town, or county) (State or foreign country)
14. Maiden name Clara Lipscomb
15. Birthplace S.C. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Lee Lipscomb

(b) Address 2741 Chouteau

17. (a) buried (b) Date thereof 8-15-42 (Month) (Day) (Year)

(c) Place: burial or cremation Father's house

18. (a) Signature of funeral director J. F. Madlock

(b) Address 2741 Chouteau

19. (a) AUG 13 1942 (b) J. F. Madlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8 year 1942 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary thrombosis
(Sclerosis)

Other conditions _____ (Include pregnancy within 5 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 Thomas J. Callanan (M.D. or other) _____

Address Deputy Coroner Date signed 8/13/42

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

B

Wilson

NOV 25 1942

492-067
1117

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 *J. C. Watson*
Licensed Embalmer No. *269 P*
P. O. Address *2769 Chouteau*

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.